



TO: Public Health Advocates

FROM: Arkansas Society for Public Health Education (AR SOPHE)
Conference Planning Committee

DATE: July 11, 2016

RE: Sponsorship of the 2016 Arkansas Society of Public Health Education Conference

The 2016 AR SOPHE Health Education Conference will be held Friday, September 16, 2016 in Downtown, Little Rock. The theme of this year's conference is ***Building Capital: Investing in the Future of Health Education***. Many topics will be discussed during this exciting conference including effective health education leadership in the 21st century, collaboration and collective impact in the changing health environment, health education barriers within the lesbian, gay, bi-sexual, transgender, queer and intersex (LGBTQI) community, as well as, gun violence as a public health and health education issue.

Many organizations choose to support this special learning opportunity for Arkansas' leading health professionals through sponsorship. Sponsorship assists with speakers' fees, printing, advertising, and facility fees. Sponsors will receive paid conference registration, and recognition in printed materials.

Enclosed you will find general information regarding the conference and a Corporate Sponsorship Form. If you are interested in becoming a sponsor, please complete the form and return it to the address specified. Sponsorship form and fees must be returned by August 16, 2016.

If you have any questions, please feel free to contact Ashley Clark at ashleyc1913@gmail.com or (501)613-6952.

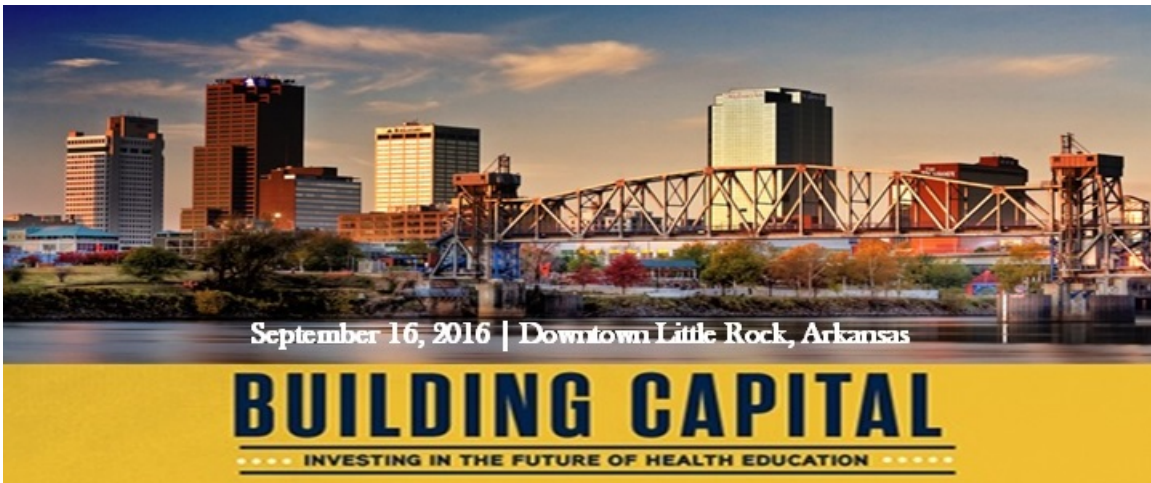
Thank you for your interest in and support of health education and promotion in Arkansas.

ARSOPHE Conference Committee

GENERAL INFORMATION

| | |
|--------------------------------|--|
| Conference Hosted By: | Arkansas Society for Public Health Education |
| Location: | Downtown, Little Rock, Arkansas |
| Date: | September 16, 2016 |
| Participants: | 100 – 150 professionals from the medical, community, and school settings. |
| Goals: | <p>Provide practical skills and comprehensive information for individuals providing health education in a variety of settings.</p> <p>Stimulate the exchange of innovative programs and partnerships with hospitals/clinics, schools, businesses, worksites and communities to create a healthy future for those at risk.</p> <p>Enhance multidisciplinary interaction and team development among health education professionals.</p> <p>Provide innovative approaches/considerations for minority and medically underserved populations.</p> |
| Available Sponsorships: | <p><u>Conference Donor:</u></p> <ul style="list-style-type: none"> • Listed in the conference program <p><u>Bronze Sponsorship: \$500</u></p> <ul style="list-style-type: none"> • Listed in the conference program • 1 paid conference registration <p><u>Silver Sponsorship: \$750</u></p> <ul style="list-style-type: none"> • Listed in the conference program • 2 paid conference registration <p><u>Gold Sponsorship: \$1000</u></p> <ul style="list-style-type: none"> • Listed in the conference program w/logo • Acknowledged verbally during the program • Up to 3 paid conference registrations <p><u>Platinum Sponsorship: \$1500 or more</u></p> <ul style="list-style-type: none"> • Listed in the conference program and on the AR SOPHE website w/logo and direct link to your organization page • Promoted via social media outlets, and mentioned in any additional media coverage • Acknowledged verbally during the program • Up to 6 paid conference registrations |
| Funding Allocations: | <ul style="list-style-type: none"> • Conference scholarships for health professionals and students |

CORPORATE SPONSORSHIP FORM



Name of Sponsor: _____

Address: _____

Contact Person: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Sponsorship Levels

Please check below:

_____ Bronze Sponsorship - \$500

_____ Silver Sponsorship - \$750

_____ Gold Sponsorship - \$1000

_____ Platinum Sponsorship - \$1500+

_____ In-Kind Donation: (Specify Amount: _____)

Exhibit Space

As a part of your sponsorship, you will be provided a **FREE** exhibit space, please provide contact information for the person(s) who will man your space.

Name

Email

Please indicate method of payment below: **Deadline: August 16, 2016**

- Check included with registration form
- Purchase Order included with registration form
- Please bill the organization. Letter of intent on organization/agency letterhead included with registration form.

Please return to:

ARKANSAS SOCIETY FOR PUBLIC HEALTH EDUCATION

Attention: Conference Sponsorships

P.O. Box 251169

Little Rock, AR 72225