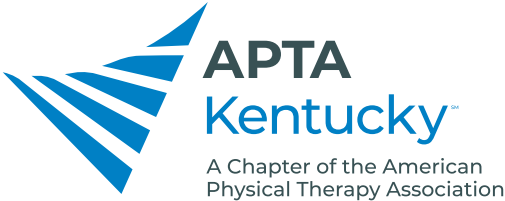




2024 ANNUAL CONFERENCE

Optimizing Movement While Balancing Life

SPONSOR & EXHIBITOR OPPORTUNITIES



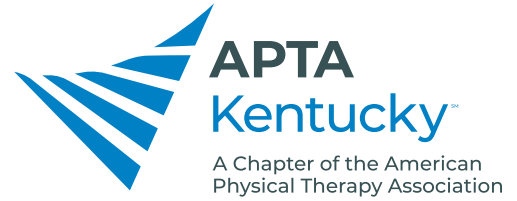
All sponsors receive the following:
One (1) tabletop display space (6') which includes two (2) chairs & wireless internet.

SPONSOR LEVEL	PLATINUM	GOLD	SILVER
Contribution	\$2,500	\$1,000	\$500
Meeting Registrations	Two (2) complimentary meeting registrations	One (1) complimentary meeting registration	One (1) complimentary meeting registration
Other Benefits	Company logo indicating level of sponsorship in meeting materials Prominent logo placement on the APTAKY conference website One time use of APTAKY Meeting Registration List Two (2) social media posts on APTAKY Facebook & Twitter pages Co-sponsorship of reception and lunch Opportunity to present to attendees for 7-10 minutes at the reception on Friday, Sept. 27	Company logo indicating level of sponsorship in meeting materials Prominent logo placement on the APTAKY conference website One time use of APTAKY Meeting Registration List One (1) social media post on APTAKY Facebook & Twitter pages	Company logo indicating level of sponsorship in meeting materials Prominent logo placement on the APTAKY conference website

Location: All events will be held at **the University of Kentucky** in **Lexington KY**. **Accommodations:** More information to follow.

2024 Exhibitor Application

Online registration is also available; contact aoleary@aptaky.org for details.



Organization/Company Name

Contact Name

Job Title

Address

City

State

Zip

Daytime Phone

Email Address

Organization Website Address

Exhibitor Schedule

(All times in Eastern Time)

Friday, September 27

4:00 PM Exhibit Table set-up

5:00 PM Exhibit Hall Opens

9:00 PM Exhibit Hall Closes

No Exhibit times on Saturday, September 28

Sponsorship/Exhibitor Contribution

- ☐ Platinum Sponsor - \$2,500
- ☐ Gold Sponsor - \$1,000
- ☐ Silver Sponsor - \$500

Names of Attending Representatives

Badge Name #1

Email Address

Badge Name #2 (2nd attendee for Platinum sponsorships)

Email Address

Payment Information

Total Amount: _____

Choose one:

- ☐ Check ☐ Discover
- ☐ AMEX ☐ VISA
- ☐ Mastercard

Card/Check Number

Expiration Date

CVV

Name of Cardholder

Signature



If paying by check, mail this form with payment to:

APTAKY • 1024 Capital Center Drive, Suite 205 • Frankfort, KY 40601

If paying by credit card, fax the completed form to 859-271-0607 or email to pallen@aptaky.org