**Sponsorship Opportunities for the** **90th Annual Arizona Public Health Association Fall Conference & Meeting**

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**Integrating Care to Improve Health Outcomes:**

*Primary Care* | *Behavioral Health* | *Public Health*

**October 3, 2018**

**Desert Willow Conference Center**

There’s widespread support for the goals of the Triple Aim: To deliver the highest quality care with an optimal care experience at the lowest appropriate cost. The key is developing systems of care that best achieve these goals.

Our **90th Annual Fall Conference & Annual Meeting: *Integrating Care to Improve Health Outcomes: Primary Care | Behavioral Health | Public Health*** will explore efforts currently underway to integrate primary care and behavioral health, like AHCCCS' Complete Care Model and the Targeted Investment program which supports health care provider's to move toward greater integration of primary care and behavioral health.

We'll also explore the **latest academic research** that evaluates the outcomes of co-located and integrated models of behavioral care as part of primary care and evidence-based toolkits to assist practices including ways to measure progress.

We’ll conduct a short AzPHA Annual Meeting over a delicious buffet lunch followed by our keynote address from the **American Public Health Association President Joseph Telfair, DRPH, MSW, MPH**.  In our afternoon sessions, we’ll learn about new initiatives to work with managed care in two key areas that impact health outcomes: **tobacco use and housing and homelessness**.

We’ll close with a panel discussion of key leaders among **Arizona’s Managed Care and Provider Organizations** as they discuss priorities and strategies for improving outcomes under the new integrated Medicaid contracts.  The new contracts will require better coordination between providers which can mean better health outcomes for members.

After the conference we'll have a hosted reception as we celebrate **AzPHA’s 90th Anniversary!**

**View Our Agenda**

**Strategic Sponsorship Opportunities**

Please join us in September for this important event. As an organization that supports public health and public health professionals, **there are several strategic ways for you to invest your resources to have a visible presence at the Conference** and get exposure to the wide range of members and non-members in the public health sector in attendance.

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| Full Conference Sponsorship |
| Title Partner $10,000 | **Leader****$5,000** | **Collaborator $2,500** | **Partner $1,000** |
| Logo listing on 5,000 invitations | Logo listing in invitation, program and signage | Name listing in invitation, program and signage | Name listing in invitation, program and signage |
| Logo featured on website, registration site, stage banner and event slideshow | Logo featured on website, registration site and event slideshow | Company name featured on webpage, registration site, and event slideshow | Company name featured on webpage, registration site and event slideshow |
| Website link on AzPHA.org for 6 months | Website link on AzPHA.org for 3 months | Website link on AzPHA.org for 1 month |  |
| Involvement spotlighted on AzPHA’s social media | Involvement spotlighted on AzPHA’s social media | Involvement spotlighted on AzPHA’s social media (Facebook, Twitter, LI) |
| Prominent exhibit space at event expo | Prominent exhibit space at event expo | Prominent exhibit space at event expo |
| Five full registrations | Three full registrations | Two full registrations |
| Full page ad in program | ½ page ad in program | ¼ page ad in program |
| Opportunity to deliver brief welcoming remarks at event or introduce keynote speaker | Opportunity to introduce panel speakers |  |
|  |  |

**SPONSORSHIP REGISTRATION**

The easiest way to sponsor is to visit our [sponsorship registration website](http://www.azpha.wildapricot.org/event-2928140) and pay for your sponsorship using Pay Pal. However, you can also use this form.

We want to join AzPHA’s Fall Conference and Annual Meeting as a partner with a contribution of:

 \_\_\_\_\_ TITLE PARTNER $10,000 \_\_\_\_\_ LEADER $5,000

 \_\_\_\_\_ COLLABORATOR $2,500 \_\_\_\_\_ PARTNER $1,000

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosed is a check payable to AzPHA in the amount of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please bill my credit card – Visa, MasterCard, or American Express (circle one)**

**Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_**

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**(Sponsorship is tax deductible)**

**TITLE AND LEADER SPONSORS**

Please forward your company logo in electronic format

(eps or vector format preferred) to willhumble@azpha.org

**Return to:**

**AzPHA**

**700 E Jefferson St. Suite 100**

**Phoenix, AZ 85034**

**Phone: (602) 258-3361 Email:** **willhumble@azpha.org**

**Exhibit Opportunities**

Table-top exhibit space is available. Exhibits will be open on the day of the conference from 8:00 AM to 3:00 PM. Attendees will have a bingo card for exhibitors to sign, and a raffle will be conducted for attendees who complete their card at the end of the Conference. **Exhibit tables include a 6’ table and one full registration for one representative.**

The easiest way to sponsor is to visit our sponsorship web page and pay for your sponsorship using Pay Pal. However, you can also use this form.

We want to participate in AzPHA’s Fall Conference & Annual Meeting in the following way:

 \_\_\_\_\_ EXHIBIT TABLE $500 \_\_\_\_\_ FULL PAGE AD IN PROGRAM $500

 \_\_\_\_\_ ½ PAGE AD IN PROGRAM $350 \_\_\_\_\_ ¼ PAGE AD IN PROGRAM $200

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If exhibiting, please provide the name and title of person staffing the table:

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Enclosed is a check payable to AzPHA in the amount of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please bill my credit card – Visa, MasterCard, or American Express (circle one)**

**Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_**

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