



# AIDA

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4274 Lomac Street, Montgomery, Alabama 36106  
(334) 213-2432 Fax: (334) 213-2406 www.aidarx.org

January 19, 2010

As I am sure you are aware, attendance at most all Annual Conventions & Trade Shows has continued to decline over the last several years. This has been a concern of the AIDA Board and staff, and much thought has been given over the last year to the idea that maybe the time had come to implement a different meeting format that could better serve our members, our exhibitors and financial sponsors. In addition, with no signs of significant improvement in our economy in 2010 we are convinced that now is the time to make this format change.

The traditional nine District meetings held throughout the state in January and February each year, and the Annual Convention and Trade Show held in the summer will be replaced with four regional meetings that will be designed as "mini" conventions. Each meeting will offer 7 hours of continuing education for pharmacists, and 5 hours of continuing education for pharmacy technicians, lunch from 12:00 to 12:45 pm and then designated time with exhibitors will be 12:30 to 2:00 pm and 4:00 to 5:30 pm. The last CE program will be 5:30 to 7:30 pm and exhibitors can remain open if they would like the opportunity to continue visits with attendees. All planned programs would end at 7:30 pm.

Regional meetings with this schedule will provide an opportunity for those owners, employee pharmacists and pharmacy technicians to attend, that typically do not get to travel to Annual Conventions and Trade Shows due the time it requires them to be out of their drug stores.

The schedule for the AIDA Regional Meetings is listed below. The specific facility for each meeting is still to be determined and you will be notified as soon as that information is available.

#### Meeting Locations

March 28, 2010 - Montgomery, AL	April 25, 2010 - Birmingham, AL
April 11, 2010 - Mobile, AL	May 2, 2010 - Huntsville, AL

We would like to invite you to participate as an Exhibitor in this important meeting for independent pharmacy. Exhibitors will setup tabletop displays between 8:30 and 11:30 am and should be ready to open by 12:30 pm. The cost to display is \$1,200.00 for all four meetings, or \$350.00 to display at individual meetings. The cost includes participation in all events for 2 individuals. In addition, we encourage you to consider financial sponsorship for these meetings which will help us provide quality programs and events for independent pharmacy owners, their employee pharmacists and pharmacy technicians. Typically an exhibitor at an annual convention has an opportunity to visit with 35 to 40 independent drugstore owners. We believe that this "mini" convention concept will provide our exhibitors and sponsors the opportunity to meet and talk with at least 30 owners at each meeting. The opportunity for return on the financial investment of exhibitors and sponsors will be greatly enhanced simply by the opportunity to visit with at least 120 independent drug store owners from across Alabama.

We look forward to the participation and support of your company. If you need any additional information, please do not hesitate to contact me, or Rob Taylor (334) 213-2432.

Sharon T. Taylor  
Executive Director

**"Serving the Needs of Independent Pharmacy"**



# ALABAMA INDEPENDENT DRUGSTORE ASSOCIATION

## *2010 Regional Meeting* Sponsor/Exhibitor Agreement

### Company Information

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Attendee \_\_\_\_\_ Attendee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

My company will attend all Regional Meetings at a cost of \$1,200.00

My company will attend \_\_\_\_\_ Regional Meetings at a cost of \$350.00 each  
(Location(s) \_\_\_\_\_)

Sponsor/Exhibitor agreements must be received by AIDA no later than February 19, 2010. Payment must be received by AIDA no later than March 15, 2010. No refunds will be processed after March 15, 2010. Confirmation packets including exhibit instructions will be sent upon approval.

My company will donate the following door prize(s): \_\_\_\_\_

### Sponsorship Opportunities

	<b>Estimated Cost</b>	<b>Sponsorship Amount</b>
<input type="checkbox"/> Continental Breakfast	\$500.00 each meeting	_____
<input type="checkbox"/> Breaks	\$500.00 each meeting	_____
<input type="checkbox"/> Lunch	\$1,000.00 each meeting	_____
<input type="checkbox"/> Name Badges	\$250.00 each meeting	_____
<input type="checkbox"/> Agendas	\$250.00 each meeting	_____

### Payment Method

Check       MasterCard       Visa

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Billing Zip \_\_\_\_\_

**Total Amount Enclosed or To Be Billed To My Credit Card: \$** \_\_\_\_\_

Mail to: AIDA at 4274 Lomac Street, Montgomery, AL 36106 or Fax to 334/213-2406