



## Sponsorship and Engagement Opportunity NCPA's Enhanced Services Boot Camp

*Become a sponsor in helping to advance the role of community pharmacies in the rapidly evolving, value-driven health care marketplace.*

Guided by input from community pharmacy owners, the NCPA Innovation Center developed a flagship program, Enhanced Services Boot Camp to educate current owners on the *transition to and operations of* a service-oriented business. The goal of the program is to empower community pharmacists to “re-engineer their practices” to participate in enhanced service opportunities. Through peer-led programming and three subsequent peer-led online consulting sessions, participants will be provided with best practices for service delivery.

*“Best workshop I have ever been part of associated with pharmacy and health care, and I mean the best ever in my 44 years as a pharmacist.”*

**Sponsorship Opportunities:** The Boot Camp offers many opportunities for sponsors to directly interact with pharmacy owners in attendance (~75 owners and staff pharmacists expected). Sponsorship opportunities include:

### General Sponsorship and Tabletop Display - \$2,500 each

Add-On Opportunities:

Break Sponsorship - \$1,500 per workshop

#### 2020 Dates & Locations, check on that apply

- April 16 – Concord NC
  - April 23 – Huntington Beach, CA (IPC Conference)
  - Oct 16 – Nashville, TN (*NCPA Annual Convention*)
- Keep checking back for more dates in 2020!

**Cancellation policy:** Cancellations must be done in writing 60 days prior to event date for a full refund, minus a \$100 admin fee; no refunds if cancellation request is sent less than 60 days prior to event date.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please remit form with payment to the address below or fax to (703) 683-3619, attn: John Beckner  
Check No. \_\_\_\_\_ Make all checks payable to: **NCPA Innovation Center**, Ref: 2019 Enhanced

**Credit Card Information:**       Amex       Discover       MasterCard       VISA

Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

For more information please contact: John Beckner at (703) 838-2649, john.beckner@ncpanet.org