

46th NATIONAL PATIENT MEETING: SEPTEMBER 24-25, 2021

AAKP will host a timely and interactive virtual meeting featuring a diverse line-up of speakers crossing all sectors of the kidney community including the top influencers in kidney care from Federal government, medical professionals, academia, private industry and non-profit professional organizations in the kidney community; along with a virtual exhibit hall which will allow participants to engage with various kidney-related companies/organizations.

AAKP is pleased to offer a variety of sponsorship packages for its Virtual National Patient Meeting. Sponsorship is an effective way to reach your target audience, patients who use your company's product and services. Each package is designed to provide companies with a number of ways to engage with meeting registrants. AAKP can also work with companies to create a more customized package that fits your needs.

There are several opportunities for companies to host Virtual Roundtables with patients during the AAKP Patient Meeting. Roundtables take place virtually by video chat with a limit of 10 participants per roundtable. Virtual Roundtables must be approved by AAKP and can only occur during specified times.

LIMITED TIME SLOTS AVAILABLE FOR VIRTUAL ROUNDTABLES, CONFIRMED ON A FIRST COME, FIRST RESERVED BASIS.

Applications to conduct a virtual roundtable must be received by AAKP no later than: August 6, 2021.

AAKP charges a fee of \$4,000 per virtual roundtable. Confirmed Patient Meeting Sponsors are eligible to receive a discount to host a virtual roundtable (\$2,000 per virtual roundtable). AAKP will e-mail a pre-approved notice of your company's virtual roundtable to all registered AAKP Meeting registrants. The company conducting the virtual roundtable must submit the text for the letter, but AAKP will place the approved text on AAKP letterhead.

Payment for sponsorship is required by **August 6, 2021**. Payment for a virtual roundtable(s) is required by **August 6, 2021**.

For additional information, please contact Erin Kahle ekahle@aakp.org, (813) 400-2393.



**46th NATIONAL PATIENT MEETING:
SEPTEMBER 24-25, 2021**

PATIENT MEETING SPONSORSHIP LEVELS

PLATINUM \$35,000	GOLD \$25,000	SILVER \$15,000	BRONZE \$10,000	PATRON \$5,000
Sponsor Spotlight, a 30-minute Company presentation listed on meeting agenda during Sponsor Hall hours (non-competing times).	Virtual Exhibit (specified hours), Company listing with name, logo, description, contact information, website link	Virtual Exhibit (specified hours), Company listing with name, logo, description, contact information, website link	Virtual Exhibit (specified hours), Company listing with name, logo, description, contact information, website link	Virtual Exhibit (specified hours), Company listing with name, logo, description, contact information, website link
Virtual Exhibit (specified hours), Company listing with name, logo, description, contact information, website link	Sponsored Commercial Spot, a 60-second Company video to be played during session transition (scheduled time TBD)	Sponsorship of an AAKP educational session (based on availability, first-come, first reserved), includes Company name/logo recognition on agenda and during session.	Social media recognition as sponsor	
Sponsored Commercial Spot, a 60-second Company video to be played during session transition (scheduled time TBD)	Sponsorship of an AAKP educational session (based on availability, first-come, first reserved), includes Company name/logo recognition on agenda and during session.	Social media recognition as sponsor	Company logo listed on event web page	
Sponsorship of an AAKP educational session (based on availability, first-come, first reserved), includes Company name/logo recognition on agenda and during session.	Social media recognition as sponsor	Company logo listed on event web page	Company name recognition in press releases, marketing & promotion of event	
Social media recognition as sponsor	Company logo listed on event web page	Company name recognition in press releases, marketing & promotion of event		
Company logo listed on event web page	Company name recognition in press releases, marketing & promotion of event			
Company name recognition in press releases, marketing & promotion of event				



SPONSORSHIP FORM: NATIONAL PATIENT MEETING

DEADLINE FOR RECEIPT: AUGUST 6, 2021

American Association of Kidney Patients

NATIONAL PATIENT MEETING

September 24-25, 2021

Fax: Attn: Erin Kahle @ (813) 636-8122

Email: Erin Kahle, ekahle@aakp.org

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Sponsorship Opportunities:

Please place a check mark in the box provided next to the Sponsorship Package you wish to sponsor. An AAKP representative will contact you to confirm additional sponsor benefits.

- Platinum Gold Silver Bronze Patron

Payment Method:

Check, please make payable to American Association of Kidney Patients
14440 Bruce B. Downs Blvd., Tampa, FL 33613

Please send an invoice to process payment. Payment must be received in order to receive sponsor benefits.
Special instructions for invoice: _____

Credit card:

- Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____ 3 or 4 digit security code: _____

Name on card: _____

Authorized signature: _____



VIRTUAL ROUNDTABLE FORM

DEADLINE FOR RECEIPT: AUGUST 6, 2021

American Association of Kidney Patients

NATIONAL PATIENT MEETING - VIRTUAL ROUNDTABLE

September 24-25, 2021

Fax: Attn: Erin Kahle @ (813) 636-8122

Email: Erin Kahle, ekahle@aakp.org

Name: _____

Company: _____

Name of Virtual Patient Roundtable: _____

Date of Event: _____

Start/End Time: _____

Describe the Proposed Activity: _____

Organizer of the Proposed Activity, if applicable: (organization handling the details [i.e., communications company, agency, etc.]

Contact Name: _____

Contact Telephone: _____

Email: _____

Address: _____

Payment Method:

Check, please make payable to American Association of Kidney Patients
14440 Bruce B. Downs Blvd., Tampa, FL 33613

Credit card:

Visa

MasterCard

American Express

Discover

Credit Card Number: _____

Expiration Date: _____ 3 or 4 digit security code: _____

Name on card: _____

Authorized signature: _____

