

# **2009 SAPAA Exhibitor & Sponsorship Opportunities**



## **DoubleTree Hotel**



**Austin, Texas  
September 14-17, 2009**

**Exhibit and Sponsorship Brochure**



**SUBSTANCE ABUSE PROGRAM ADMINISTRATORS ASSOCIATION**



1014 WHISPERING OAK DRIVE, BARDSTOWN, KY 40004  
800-672-7229 FAX 281/664-3152 WWW.SAPAA.COM

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National Substance Abuse  
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Dear Exhibitor/Sponsor:

SAPAA appreciates the support ALL of you give to the association and the EXTRA support many of you provide. It is very important and essential for the health of the organization.

As an exhibitor/sponsor, you are the ones who bring the latest product information to the industry, help educate the members, and help identify industry trends. All very important for anyone who is in the business of alcohol and drug testing.

We recognize that as an exhibitor/sponsor you wish to derive the maximum benefit for that investment of resources. SAPAA's annual conference is the forum to accomplish this. The cost of exhibiting is very reasonable and almost six hours is allocated for exhibiting.

Sponsors have a captive audience and the conference attendees clearly see who is supporting their association and industry. As such, if you do not find a particular sponsorship that meets your needs and/or budget, please contact the SAPAA office and we will be happy to tailor a sponsorship for you.

Positive changes have been taking place at SAPAA. We are proud of the progress the association is making. It pleases us to know that the products and services SAPAA offers is a direct result from the efforts of the members and vendors.

We hope you will carefully review this exhibit/sponsorship brochure and make a commitment to participate.

The SAPAA Board of Directors salutes you!!

# Sponsorship Opportunities

## Conference Sponsor

2009 Annual Conference.....\$1,500.00

Benefits include: Spotlight at Annual Conference during breaks; Sponsor's name in program book; display of your Corporate logo on banner in General Session.

**Up to 4 pieces of marketing materials to be included in Conference attendee packets.**

## Breaks -- Morning or Afternoon

2009 Annual Conference .....\$500.00 ea.  
Benefits include: Spotlight at Annual Conference during breaks; signage

## Breakfast

Full Breakfast .....\$3,000.00

## Opening Reception

Entertainment.....\$2,500.00  
Open Bar .....\$3,000.00  
Heavy hors d'oeuvres.....\$3,500.00

Benefits include: Spotlight at podium for 15 minutes during Reception, Signage, verbal recognition, listing as a Conference Sponsor, included on banner posted in general session. **Up to 4 pieces of marketing materials to be included in Conference attendee packets.**

## Conference Luncheons

2009 Conference .....\$3,000.00

Benefits include; Spotlight at podium for 15 minutes during conference lunch. Signage; banner; public recognition during lunch; one piece of approved promotional literature at each lunch place setting. **Up to 4 pieces of marketing materials to be included in Conference attendee packets.**

## Training Institute Training Course

Includes signage and inclusion in program book as course sponsor.

Per Course Sign.....\$75.00 ea.

SPONSORSHIPS MAY BE SHARED

## Additional Sponsorship Opportunities

### EXAMPLES

Sponsor cocktail napkins for the Welcoming Reception with your company name and logo.....\$350.00

Sponsor center pieces for luncheon tables (that can be taken home) with your Company name and logo as sponsor on a card at the table.....\$2,500.00

Signage as Conference Sponsor, logo on banner, verbal recognition, **Up to 4 pieces of marketing materials to be included in Conference attendee packets.**

## Conference Materials Bag

Conference Material Bags.....cost  
Benefits include: Spotlight at Annual Conference during breaks; signage; display of your corporate name in conference brochure; one side sponsor's name on bag.

### Promotional Literature

As a service to our exhibitors, SAPAA will include up to four 8 1/2 x 11 pages in the conference registration package. The promotional pieces must be received at the hotel no later than **September 11, Friday**. Please be sure that the material is sent ready to be inserted into the conference package, as SAPAA cannot be responsible for assembly of the literature.

**Please indicate on address label it is for attendee packets.**

### Special Offer

The first 15 Exhibitors who register with a paid deposit before June 30, 2009 will receive a free early promotional ad in one of the *Member Advisories* that precedes the 2009 Annual Conference. This special offer is on a first-come basis. Participants in this offer must provide camera-ready, black and white art, preceding the submission date and according to mechanical specifications.

### Opening Reception held in the Exhibit Hall

Exhibitors-please time delivery of your booth/materials to not to arrive more than 3 days prior to the exhibit opening.

All marketing materials **MUST BE SHIPPED PREPAID**. To expedite receipt of your materials, please use the following label format:

**All Shipments must be SENT to:**

Your name c/o  
SAPAA Annual Conference, 9/14-9/17, 2009  
DoubleTree Hotel  
6505 Interstate Highway 35 North  
Austin, TX 78752  
512-454-3737

DoubleTree Hotel

Austin, Texas

SAPAA WORKS! But YOU must take the opportunities.....

## About SAPAA

### SAPAA Membership Profile

#### Employment

Collectors.....	42%
Medical Review Officers.....	34%
Consortiums.....	34%
Drug and Alcohol Testing Program Administrators.....	33%
Manufacturers and Distributors.....	21%
Employee Assistance Program Administrators.....	20%
Substance Abuse Professionals.....	18%

*Please note that many SAPAA members function in more than one of the above areas.*

#### Communications

Reads Member Advisory Notices.....	96%
Internet Access.....	86%
E-Mail Address.....	84%
Visits the SAPAA Website monthly.....	74%

### Exhibitor Space

#### Availability and Assignment of Space

We will process all applications on a first-come, first-serve basis. Space is limited and will be assigned based on the receipt date of full payment, availability of requested space and special needs and compatibility of exhibitors. Complete the enclosed application form and send it to:

SAPAA 1014 Whispering Oak Drive, Bardstown, KY 40004  
(800) 672-7229, (281) 664-3152 Fax, www.sapaa.com

#### Cost and Size of Exhibit Space at the

##### Annual Conference

SAPAA Members.....	\$500.00
SAPAA Non-members.....	\$600.00

Rates for exhibit space include one 8 x 10 booth area.

**Tables will be 6 foot.**

**5.5 hours** of exhibit time, reception in the Exhibit Hall, one full conference registration, and two Exhibit Staff passes.

**Table and chairs furnished at no charge.**

Each additional exhibitor representative must register for the conference as a member or non-member attendee. Any Exhibitor Staff who wants to attend the Conference must also register. Conference attendee brochures will be mailed to you under separate cover at a later date.

**Promotional Items** -Door prizes and give-aways help attract conference attendees to your exhibit. You may elect to have "drawings" for some larger items (CD players, TVs, etc.). Winners are selected from those who personally visit the exhibitor and leave their business cards or complete a form. Small give-aways are also very popular.

### Terms of Payment and Cancellation

Applications must be accompanied by check or money order made payable to SAPAA in the full amount due for the space requested. If written notice of space cancellation is postmarked four weeks before the date of the conference, 50% of the exhibiting fee will be refunded. No refunds will be made for cancellations after this deadline, prior to the conference, or to no-shows.

### Security

SAPAA, its officers, directors, agents and employees cannot guarantee against loss, theft or damage and will assume no liability for damages or theft. The exhibitor agrees with SAPAA to assume the entire responsibility and liability for losses, damages and claims deriving from injury, theft or damage to exhibitors' displays, equipment and other property brought upon the premises of the hotel and shall indemnify and hold harmless SAPAA, the hotel and their respective agents, servants and employees from any and all such losses, damages and claims. The hotel will be providing 24 hour security for the exhibit area.

### Rules and Regulations

1. Distribution of literature, samples, etc., by firms not participating in the exhibit hall is prohibited.
2. No portion of an exhibit may exceed 6 1/2 feet in height.
3. Exhibitors are individually responsible for compliance with all federal, state and local laws and regulations.
4. Exhibitors must carry appropriate insurance to cover exhibit materials against damage of loss, as well as public liability insurance against injury to the person or property of others.
5. It is expressly understood and agreed that in leasing space in the exhibit hall, the exhibitor agrees to abide by all rules and regulations.

**All convention materials, brochures, office supplies, exhibits, etc. shipped to the hotel for use in the convention offices, and registration areas, MUST BE SHIPPED PREPAID. To expedite receipt of your materials, please use the following label format:**

**All Shipments must be SENT to:**

Your name c/o  
SAPAA Annual Conference, 9/14-9/17, 2009  
**DoubleTree Hotel**  
**6505 Interstate Highway 35 North**  
**Austin, TX 78752**  
**512-454-3737**

**All outgoing packages must be packed by the sender and must have pre-paid labels on them. If you anticipate shipping more than 5 boxes please note that a one time box handling fee of \$75 will apply.**

## Exhibit Times

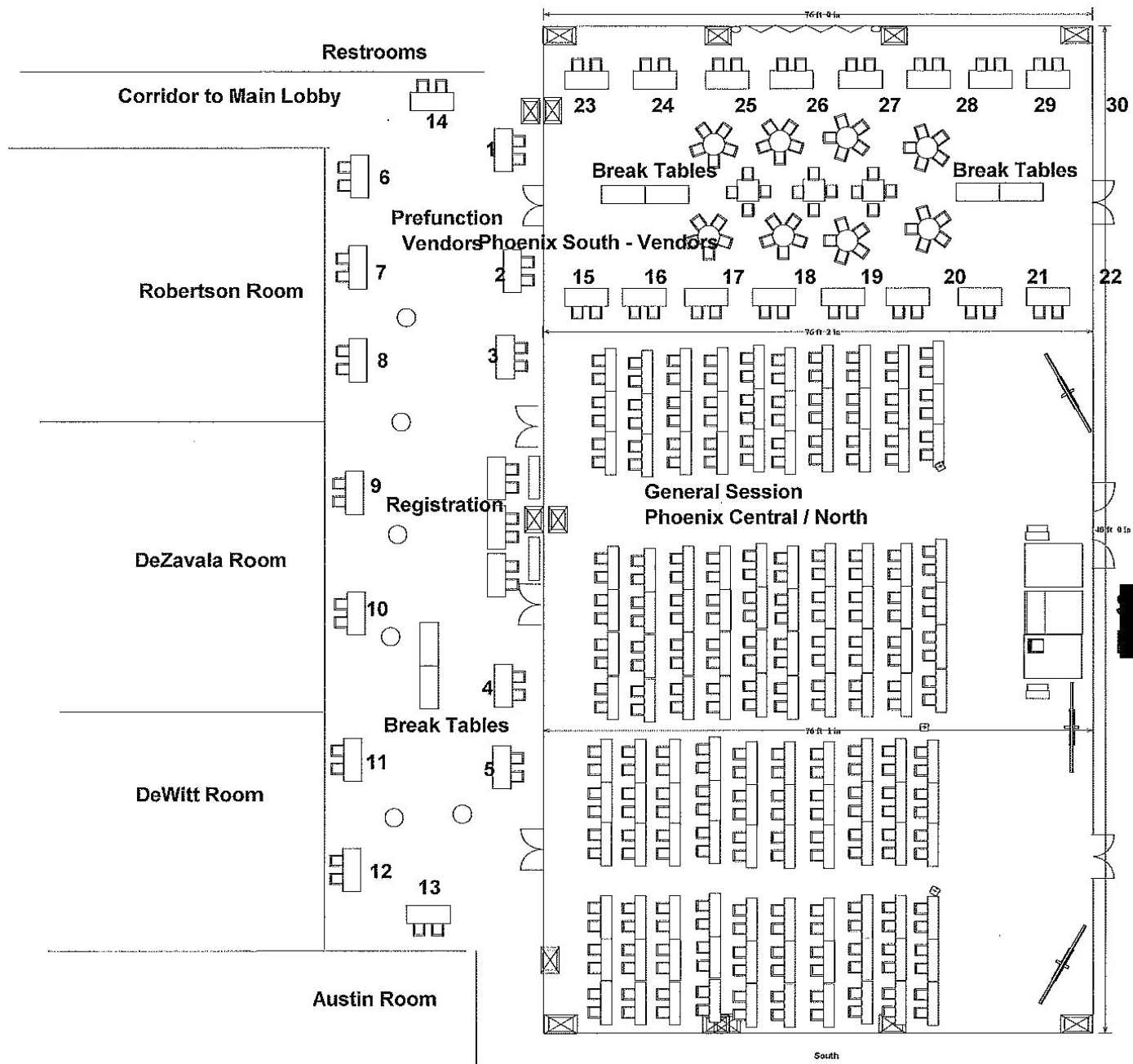
**Set up:** September 15, Tuesday, 12-4PM

**Exhibit Hall Opens:** Tuesday, September 15, 6:00 PM - 10:00 PM

**Opening Reception held in the exhibit hall**

**Exhibit Hall Opens:** Wednesday, 10:30 AM - 12:00 PM

**Exhibit take down September 16, Wednesday, 12:00 PM - 2:00 PM**



**SAPAA will design attendee cards that will entice attendees to visit Each exhibitor booth. At the end of the exhibition, that card will be placed with others for a prize drawing of a free 2009 SAPAA Membership.**

# 2009 Exhibitor and Sponsorship Application

Please return this form with your check to:  
SAPAA 1014 Whispering Oak Drive, Bardstown, KY 40004 (800) 672-7229, (281) 664-3152 Fax  
Payment must accompany application. Please photocopy this form for your records.

## Exhibitor and Sponsorship Information

Firm or Company Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

*Please indicate the company or product description for the on-site Program Book (50 words or less)*

\_\_\_\_\_

\_\_\_\_\_

Each exhibitor is entitled to ONE (1) complimentary exhibitor registration per tabletop rented as admittance to the General Session and luncheon and two (2) additional exhibitor passes (note these two exhibitor passes do not include admittance into the General Session or luncheon).

1. The first 15 exhibitors who register with a paid deposit of one half the booth rental will receive a free pre-promotional ad in one of SAPAA's Member Advisory Notices.
2. Exhibitor handout literature will be included in attendee packets. These materials must be labeled "**For Attendee Packets**", otherwise it will be considered for your booth.
3. SAPAA will provide exhibitors with a copy of the attendee registration lists from all conferences.
4. Exhibitor Reception.
5. All conference breaks will be inside or directly outside the exhibit hall when possible.
6. An attendee card and promotional drawing for a full year's membership will be given to assure good visitor attendance at your booth.
7. Exhibit registration package includes one exhibitor badge that provides for a conference registration, including lunch on September 17 & 18, 2008 and two (2) additional exhibitor (booth only) badges. Should either of the two additional exhibit badge holders desire to participate in lunch on Wednesday there is a \$50.00 charge.

Exhibitor Registrant Full Name \_\_\_\_\_  
 This person will have admittance into the general Session and luncheon)

Exhibitor pass #2 \_\_\_\_\_ Exhibitor pass only  
 Exhibitor pass #3 \_\_\_\_\_ Exhibitor pass only

Please indicate your booth selections:

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_  
 3rd choice \_\_\_\_\_ 4th choice \_\_\_\_\_

Member Fee.....	\$500.00 per booth	\$ _____
Non-member Fee.....	\$600.00 per booth	\$ _____
Electricity.....	\$ 35.00 per booth	\$ _____
2nd table <b>if space permits</b>	\$25.00	\$ _____
If 2nd Person Lunch on Wednesday	\$50.00	\$ _____
If 2nd Person Lunch on Thursday	\$50.00	\$ _____

### Table and Chairs No Charge

Sponsorship opportunity

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

Total Balance Due.....\$ \_\_\_\_\_

Check       Visa       MasterCard       AMEX

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature \_\_\_\_\_

Check # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

If written notification of cancellation is postmarked by 4 weeks before the date of the conference, 50% of the exhibit fee will be refunded. No refunds will be given after that time.

Substance Abuse Program Administrators Association

Membership Application

1014 Whispering Oak Drive, Bardstown, KY 40004 (800) 672-7229, Fax: (281) 664-3152, Email: exdir2@sapaa.com, www.sapaa.com

[ ] Membership Renewal

[ ] New Member

\*\*\*\*Membership is on a calendar year, January 1st- December 31st.\*\*\*\*

[ ] Regular Member : Classification A. . . . . \$550.00

Any firm, or corporation primarily engaged in the administration of workplace substance abuse programs or the supply of products and services ancillary to the substance abuse prevention industry may apply for Regular Membership: Classification A in this Association. This category includes, but is not limited to, C/TPAs, MRO, In-house administrators, other third-party program administrators, and vendors (i.e., includes, but is not limited to, producers and manufacturers of equipment or products related to biochemical testing services; drug testing laboratories; medical, and mental health providers). Each member is entitled to one vote. Any firm or corporation may join in its own right or as a part of a larger corporate umbrella structure that is a member.

[ ] Regular Member: Classification B . . . . . \$175.00

Any person, firm or corporation engaged in specimen collection services only (including alcohol testing or POCT services), any government entity, SAP's, EAP's, Trainers, and small C/TPA's and service agents with 5 employees or less. Not-for profit (non-profit) organizations with a significant interest in the prevention of substance abuse and who does not derive the main source of income from the provision of drug and alcohol testing programs, may apply for Classification B Membership in this Association. Each member is entitled to one vote.

Please check all applicable services you/your company provides

- [ ] International [ ] National [ ] Regional [ ] Minority [ ] Woman Owned [ ] TPA's under 5 employees [ ] TPA's over 5 employees [ ] Collections [ ] SAP [ ] EAP [ ] Consortium [ ] MRO [ ] Background Checks [ ] Training Materials [ ] Random Selections [ ] Vendor Other

Your primary source of business is \_\_\_\_\_

Application Information

Prefix (e.g., Mrs., Dr.) \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Credentials (e.g., C-SAPA), separate multiple credentials with an empty space \_\_\_\_\_

Occupational Title \_\_\_\_\_ Company Name \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Telephone 1 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

FAX ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Additional Representative Information (Membership allows three [2] at no charge)

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ email: \_\_\_\_\_

Payment Information

[ ] Personal Check [ ] Company Check Credit Card: [ ] Visa [ ] MasterCard [ ] American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Name on the card \_\_\_\_\_ Card Holder \_\_\_\_\_

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

Signature (required for credit \_\_\_\_\_) The undersigned applies for membership in the

Substance Abuse Program Administrators Association and certifies that all statements made in this application are correct, and if elected to membership, agrees to abide by the Association Bylaws and Code of Ethics.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

How did you hear about SAPAA? \_\_\_\_\_



**SUBSTANCE ABUSE PROGRAM  
ADMINISTRATORS ASSOCIATION  
1014 WHISPERING OAK DRIVE  
BARDSTOWN, KY 40004**