

Association of Chinese American Physicians USA, Inc

02.01.2009

The ACAP 2009 Annual Convention

Venue: NY Hall of Science, Queens, NY 11368

Date: May 17 2009 (Sunday)

TO WHOM IT MAY CONCERN:

Association of Chinese American Physicians (ACAP) is proud to announce the 2009 annual convention at NY Hall of Science on May 17, 2009 (Sunday) at 4701 111St, Queens NY 11368 and Dinner at Mudan Banquet Hall (牡丹宴會廳) 136-17 39th Ave 2nd Floor, Flushing NY 11354. ACAP is a professional organization of Chinese American physicians (www.acaponline.org). One of ACAP's objectives is to promote quality healthcare through physician networking and professional development. Since its inception in New York in 1995, ACAP's national membership has grown to near 600 physicians, mostly in New York metropolitan and New Jersey areas.

The ACAP 2009 annual convention features an outstanding CME program including updates and innovations in medicine, practice management, legal and financial considerations for your medical practice.

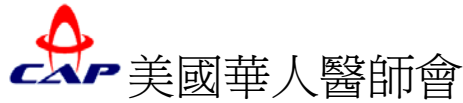
This convention offers an ideal setting for members and sponsors alike, and is designed to promote networking. Exhibitors have the unique opportunity to showcase their products and services to over 200-300 physicians. Nearly 65% of ACAP members are family and primary care physicians with the remainder being specialists.

In the past, there are many pharmaceutical companies, financial services firms and health-related businesses supporting ACAP. We hope you will continue providing the same or higher level of support to this professional organization. Please refer to the enclosed Sponsorship Package for more information. ACAP is a 501(c) 3 Charity Organization and the ACAP tax ID number is 26-1618284. If you have any questions, please free to contact Alex Chan of ACAP at 718-321-8798 or fax 718-321-8836 email: admin@acaponline.org for further information.

Sincerely yours,

張 泳 醫師
David Zhang, MD
President of ACAP

伍少玲醫師
Lisa Eng, D.O.
Vice President of ACAP



Association of Chinese American Physicians USA, Inc

The 2009 ACAP Annual Convention Sponsorship package

Strategic Partnership: \$15,000

1. Full color Ad in ACAP Annual Journal
2. 10 tickets at ACAP gala dinner
3. Guest speaker at ACAP symposiums (3 times a year : February symposium, May Annual Convention, Fall Symposium)
4. Free exhibit booth at all ACAP symposiums/convention for 1 year
5. www.acaponline.org website linkage for 1 year

Platinum Package: \$10,000

1. Full color page AD in ACAP Annual Journal
2. 10 tickets at ACAP gala dinner
3. Free exhibit booth at all ACAP symposiums/convention for 1 year
4. www.acaponline.org website linkage for 1 year

Gold Package: \$5,000

1. Full color page AD in ACAP Annual Journal
2. 5 tickets at ACAP gala dinner
3. www.acaponline.org website linkage for 6 months

Silver Package: \$2,500

1. Full color page ad in ACAP Annual Journal,
2. 3 tickets at ACAP gala dinner
3. www.acaponline.org website linkage for 3 months

Exhibiting Package: \$2,000

1. One exhibition booth
2. 2 free Gala dinner tickets

Advertising package

1. **\$1,500** One full-page Color advertisement on the ACAP Gala Journal
2. **\$1,000** One Full page BW advertisement on the ACAP Gala Journal
- a. **\$500** one half page BW advertisement on the ACAP Gala Journal or An acknowledgement in ACAP annual journal

Gala dinner package:

1. \$1,500 for a table (10 Person)

Gala Dinner Tickets

1. \$150 per ticket

***** The art work for the advertisement must be submitted before 03/28/2009 to admin@acaponline.org*****



美國華人醫師會

Association of Chinese American Physicians USA, Inc

2009 SPONSORSHIP AGREEMENT

We would like to participate in the following sponsor package

- Strategic partnership package: \$15,000
- Platinum package: \$10,000
- Gold package: \$5,000
- Silver package: \$2,500
- Exhibiting package: \$2,000
- Advertising package I: \$1,500
- Advertising package II: \$1,000
- Advertising package II: \$500
- Gala dinner package: \$1,500
- Tickets for Gala Dinner \$150 each

Sponsor Information:

Name: _____ Company: _____

Tel: _____ Fax: _____ Email: _____

Address: _____

Signature: _____ Date: _____

Payment :

Check : Association of Chinese American Physicians USA, Inc
33-70 Prince Street, Suite 703,
Flushing NY 11354

Credit Card: MasterCard Visa Amex

Name: _____

Expiry Date: _____

Amount: _____