



Association of Chinese American Physicians USA, Inc.

2021 ACAP Annual Health Fair
5/23/2021 Sunday 10:00 am - 2:00 pm

Queens Botanical Garden

The Association of Chinese American Physicians (ACAP) is proud to announce our annual health fair for 2021. ACAP is a non-profit 501(c) (3) professional organization of Chinese American Physicians. Our Tax ID is 26-1618284. Our mission is to promote disease awareness and prevention in the Chinese community.

The ACAP 2021 Health Fair features outstanding programs including free health education seminars, one on one physician consultations and health screenings. Exhibitors have the unique opportunity to showcase their products and services to hundreds of healthcare consumers. In addition, we offer two promotional talk spots and advertisement space in our brochure.

We hope you will continue providing the same or higher level of support to ACAP and our community. If you have any questions, please feel free to contact ACAP at 718-321-8798 or admin@acaponline.org for further information

Dr. Wensong Li
President

Dr. Jin Li
Vice President



美國華人醫師會

Association of Chinese American Physicians USA, Inc.

Sponsorship Agreement for ACAP Health Fair 5/23/2021 Sunday

I, _____ (your name) on behalf of _____

(Sponsor organization) hereby agrees to sponsor ACAP for the following(s)*:

** may choose more than one.*

- Promotional Talk:**
 - 30 minutes
 - Contact admin@acaponline.org for pricing.
- Exhibit Booth: \$500**
 - **Limited spots. Please RSVP as soon as possible.**
 - 1 exhibit booth
 - Logo on event flyer and event brochure
 - Acknowledgement on press release
- Advertisement: \$250**
 - Advertisement on event brochure (Width x Height: 3 inch x 2 inch)
- Raffle Prize Donation:**
 - Suggested value \$25 and up.

Please submit logo and advertisement artwork to admin@acaponline.org by **May 1st**.

Signature: _____ Date: _____ Tel: _____

Address: _____

Email: _____

Check payable to: **Association of Chinese American Physicians USA, Inc**

Credit Card: **MasterCard** **Visa** **Amex**

Card No: _____

Amount: _____ Exp Date: _____ CVV Code: _____