

Arizona Chapter of the American Academy of Pediatrics **Speak Up for Kids: Heroes Unite!** Virtual Health Fair Week October 5-9, 2020

To off-set the impact of the COVID-19 pandemic on the annual in-person community health fair event *Speak Up for Kids: Heroes Unite!*, the Arizona Chapter of the American Academy of Pediatrics (AzAAP) has partnered with Strong Families Arizona to offer the public a week-long virtual health fair occasion starting Monday, October 5th through Friday, October 9th. This free online event will bring together a host of exhibitors from different areas of specialization to join together with Arizona's leading pediatricians, affording Arizona families the opportunity to address a number of needs in one place. The goal of the event is to support families in keeping their children healthy and increase the level of health and wellness for Arizona kids. The *Speak Up for Kids* virtual health fair event is the ultimate chance for Arizona kids to receive beneficial health information and resources and allows parents to ask important questions or address concerns from the safety of their homes.

SPONSORSHIP OPPORTUNITIES: *Speak Up for Kids: Heroes Unite!* provides unique opportunities to promote your organization to pediatrician members, families and the community through sponsorship. Benefits include LOGO RECOGNITION and VERBAL RECOGNITION in your choice of presentation in the virtual live 'Ask the Expert' series.

Arizona families will be encouraged to "tune-in" virtually for live presentations by pediatric experts throughout the *Speak Up for Kids* week. Each live virtual presentation will include time for parents to ask questions in the chat box so the expert can address concerns and support families in real-time. Because we know parents have been putting off well care for their children due to fear of exposure to coronavirus, the live virtual "Ask the Expert" series will help address parental concerns and reach our goal of increasing well child checks, educating on the importance of immunizations, and other leading child health topics. Your support for one or more of the live virtual presentations provides a unique opportunity and maximum visibility to promote your organization through sponsorship of the activity.

Thank you in advance for your support – we look forward to your participation in the virtual event! Please contact Stacy Williams at 602-532-0137 ext. 416 or **superhero@azaap.org** with questions.

Sponsorship Agreement

Phone Number:



Arizona Chapter of the American Academy of Pediatrics Speak Up for Kids: Heroes Unite! (October 5-9, 2020)

Name of Company:					
	(as you prefer to be listed in event materials)				
Name of Person: _					
	(to whom you want all correspondence sent)				
Address:		City/State/Zip:			
		etty/state/z.p			

SPONSORSHIP BENEFITS o Ask the Expert Sponsor LOGO RECOGNITION and VERBAL RECOGNITION in your choice of presentation in the virtual live 'Ask the Expert' series. \$1,000 Through social media and other event promotion platforms, Arizona families will be encouraged to "tune-in" virtually for live presentations by pediatric experts *\$1,000 per presentation throughout the Speak Up for Kids week. Each live virtual presentation will include time for parents to ask questions in the chat box so the expert can address concerns *10 available sponsorship opportunities and support families in real-time. Because we know parents have been putting off well care for their children due to fear of exposure to coronavirus, the live virtual "Ask the Expert" series will help address parental concerns and reach our goal of increasing well child checks, educating on the importance of immunizations, and other leading child health topics. Your support for one or more of the live virtual presentations provides a unique opportunity and maximum visibility to promote your company to pediatrician members, families and the community through sponsorship.

Email address:

Payment Details	Payment Method:	o Check (Make checks payable to AzAAP)			
\$1,000 x# of sponsored presentations =	Total Amount	o Credit Card:		_AmEx 86-0917603	
Card Number:		Expiration Date: _			
Name on Card:					
Authorized Signature:		Date:			
Sponsorship forms should be com Please retur	npleted no later than Friday, S rn your completed form to:	eptember 4, 2020).		

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