

Kansas Academy of Physician Associates

Post Office Box 597 • Topeka • Kansas • 66601-0597 • 785-235-5065 • kansaspa@sbcglobal.net

January 13, 2025

Dear KAPA Sponsor:

I hope this letter finds you safe and healthy.

The Kansas Academy of Physician Assistants (KAPA) will host our Annual CME program on October 16-18, 2025. This year's CME event will be at the Bluemont Hotel, located at 1212 Bluemont Avenue in Manhattan, Kansas.

KAPA is planning to gather and share a variety of informative and timely medical topics for Kansas PAs. Expected number of attendees is 50-75 people. A preliminary agenda for the CME event will be under development and will be available later this summer.

We are inviting you to sponsor a speaker, conference event or exhibit at our program. This is an excellent opportunity to increase your visibility and network one on one with PAs from across Kansas. If you are interested in participating as a sponsor and/or exhibitor, please return this enclosed sheet as soon as possible. Sponsorships with or without speakers are welcome.

Exhibit spaces are open to all companies doing business with or wishing to do business with physician assistants. The exhibit booth fee will be \$750. This will include one exhibit table (located outside, or in close proximity, to the CME lecture hall), break and administrative costs.

Your completed form can be mailed to the address located on the letterhead. The fee should be paid prior to the conference with the check being made out to KAPA. KAPA is a professional society, but not a charitable organization, and is incorporated as a non-profit 501(c) 6. The KAPA tax identification number is 48-0885135. As the CME conference nears, exhibitor registration (including an online payment option) will also be available online at our website – www.kansaspa.com.

The exhibitor fee will be waived for companies that sponsor a speaker. We ask that each company designate one primary contact to minimize any confusion. This person should be someone that will be attending the conference if possible and who will be familiar with the arrangements for each speaker or exhibit that is being sponsored by their company.

Feel free to contact our office at (785) 235-5065 or me by E-mail with any questions. If you are not the proper company representative to receive this information, please forward this letter to the appropriate representative or division. Thanks for your attention and consideration.

Sincerely,

Kami Albers, PA
KAPA CME Committee Chairperson
Email: albers30@hotmail.com

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2025 HEART OF AMERICA CME

Name of Company: _____

Please mark which of the following apply and return ASAP.

_____ : I would like an exhibit only (\$750).

_____ : I can sponsor a speaker.

_____ : I can sponsor a refreshment break.

_____ : I can sponsor a Luncheon - ___with a speaker or ___without a speaker.

_____ : I can sponsor a reception - ___with a speaker or ___without a speaker.

Name of contact person: _____

Address: _____

Phone #: _____

Email address: _____

Please mail to:

Kansas Academy of Physician Associates (KAPA)

PO Box 597

Topeka, KS 66601-0597

Or fax to our office at: 785-235-8676