



INNOVATION SUMMIT

SEPTEMBER 25-26, 2024
ROSEMONT, IL

2024



BECOME AN ASA INNOVATION SUMMIT PARTNER TODAY!

In this current era of exponential change, endless disruption, volatility, uncertainty, complexity and ambiguity, we know that innovation is a must-do, not just a nice-to-have. Those who make purposeful choices to reinvigorate their business and support those choices with a customer first mindset as well as embrace a digital can yield superior results.

The ASA Innovation Summit is designed for thought leading PHCP/PVF distributors & wholesalers who seek to evolve their future, create a more compelling value proposition, and grow digital capabilities that differentiate, renew and support future success. Join us to support the industry, embrace digital, and see around the corner of the PHCP & PVF industry future.

Becoming a Summit Partner is your unique opportunity to showcase your company as a digital leader and highlight why distributors should partner with you.

- Meet and standout with leading industry distributors attending the 2024 Innovation Summit and position your technology product as a digital front-runner.
- Your company logo will be prominently displayed at the Innovation Summit and ASA media outlets.
- Capture the PHCP/PVF industry’s attention and position your company as a leader and partner on the digital transformation journey.
- Increase your brand’s visibility and demonstrate your commitment to distributors and wholesalers looking for a digital partner.
- Receive additional partner benefits outlined below.

PARTNERSHIPS ARE LIMITED AND BASED ON FIRST COME FIRST SERVED SO ACT TODAY!

SUMMIT PARTNER - \$10,000

- 2 Complimentary Conference Registrations
- 1 Company Information Table during conference
- Company logo periodically displayed in conference marketing & promotional materials along with event signage

PAYMENT All Checks must be drawn on a U.S. bank.

CHECK enclosed for **\$10,000** (payable to ASA)

CREDIT CARD for the amount of **\$10,000** VISA MC AMEX



500 Park Boulevard, Suite 1125
Itasca, IL 60143

CARD NUMBER _____ EXP. DATE _____ SECURITY CODE _____

NAME ON CARD _____

CARDHOLDER'S SIGNATURE _____

CARDHOLDERS BILLING ADDRESS, CITY , STATE, ZIP _____



Please send your completed form to info@asa.net OR scan the code!
Questions? Please call (630) 467-0000.