

EndoANP

Sponsorship Packet

Who is the EndoANP?

The Endocrinology Association of Naturopathic Physicians (EndoANP) is committed to the education of naturopathic doctors on the principles, science, and practice of endocrinology. Our vision is to develop clinical leaders who practice safe, evidenced-based naturopathic endocrinology in pursuit of the best possible outcomes for our patients.

The EndoANP is an official affiliate organization of the American Association of Naturopathic Physicians (AANP)



WHERE YOUR SPONSORSHIP MONEY GOES?

- For funding the educational opportunities of naturopathic doctors interested in naturopathic endocrinology
- For increasing community awareness of naturopathic doctors focused on natural hormonal therapeutics
- For elevating the level of professional education to Naturopathic doctors interested in naturopathic endocrinology
- For recruiting doctors to and sustaining the newly formed specialty board – FABNE- Fellows of the American Board of Naturopathic Endocrinology

WHY SPONSOR?

- To supporting the professionals who preferentially utilize natural options in therapeutics
- High exposure marketing opportunities to doctors specializing in naturopathic hormone treatments
- Marketing to doctors who buy and dispense natural supplementation on a daily basis
- Further the effort of naturopathic medicine to create and sustain specialty organizations – to elevate the standard of care in diagnostics and treatment of patients
- Educate Naturopathic doctors on the latest formulations to support hormonal balance, detoxification and immunity
- Create an education program for treatment protocols using your therapeutics

HOW THIS WILL FURTHER THE PROFESSION?

- Specialization allows create standardization in educational expertise, delivering strong research backed diagnostic & treatment approaches.
 This allows for naturopathic doctors to have improved patient outcomes.
- Support association with credible resources and training

ENDOANP SPONSORSHIP TIERS

(PROFESSIONAL NON-PROFIT 501C6) (NOT CHARITABLE NON-PROFIT)

BENEFITS	BRONZE \$1000/YEAR "Colleague/Clinic Sponsorship"	SILVER \$5000/YR "Corporate Sponsor"	GOLD \$10,000/YR "Corporate Sponsor"	PLATINUM \$20,000/YR "Corporate Sponsor"
	UNLIMITED	CAPACITY 8	CAPACITY 2/YR	CAPACITY 1/YR
SPONSOR DELIVERED WEBINARS / YR	Ο	1/Yr	2/Yr	3/Yr
ADDS WITHIN REGULAR ENDO WEBINARS	0	2-3/Yr	2-3/Yr	3-4/Yr
EMAIL PROMOTION/YR	1-2 adds/ year	3 add/ year	3 adds + 2 solo emails	3 adds + 3 solo emails
WEBSITE PRESENCE	~ Slideshow add x1 slide	~slideshow add x2 slide	Stationary presence	Stationary presence +1 video add
SOCIAL MEDIA PROMO	None	None	2-3 promos (posted by Endo)/yr	3-4 promos/yr
CONTENT DRIVEN SOCIAL MEDIA FROM SPONSOR	2 posts/ year (posted by Endo / tag sponsor)	4 posts/ year (posted by Endo / tag sponsor)	12 posts/ year (posted by Endo / tag sponsor)	12 posts/ year (posted by Endo / tag sponsor)
MEMBERSHIP	1 year Free Associate level (ND) Membership	1 year Free Associate level (ND) Membership	1 year Free Associate level (ND) Membership	1 year Free Associate level (ND) Membership

^{***} EndoANP is also open to discussing customized sponsorship plans ***

SPONSORSHIP CONTRACT FORM

☐ PLATINUM SPO	ONSOR	\$20,000
	R	\$10,000
☐ SILVER SPONS	OR	\$5,000
☐ BRONZE SPON	SOR	\$1,000
PRIMARY CONTA	CT INFORMATION	1
Contact Name: Contact Title: Contact Email: Contact Phone Nu		
INFORMATION FO	OR YOUR BRAND	PROMOTION
Contact Name:		
Contact Name: Contact Address:		
Contact Name: Contact Address: _ City: Zip Code:	S Main Phone	
Contact Name: Contact Address: _ City: Zip Code:	S Main Phone	tate:
Contact Name: Contact Address: _ City: Zip Code: Website :	S Main Phone	tate:
Contact Name: Contact Address: _ City: Zip Code: Website : PAYMENT INFOR	S Main Phone	tate:
Contact Name: Contact Address: _ City: Zip Code: Website : PAYMENT INFORM Total \$	S Main Phone MATION credit card below	tate:
Contact Name: Contact Address: _ City: Zip Code: Website : PAYMENT INFORI Total \$ Please charge my	S Main Phone MATION credit card below	tate:
Contact Name: Contact Address: _ City: Zip Code: Website : PAYMENT INFORI Total \$ Please charge my Name on card Account Number.	Main Phone MATION credit card below	tate:

Signature _____