

THE MIDYEAR 2012

December 2-6, 2012 | Mandalay Bay Hotel | Las Vegas Nevada

Application and Contract for Exhibit Space

The terms of this agreement cannot be waived except in writing and signed by ASHP.

Contact Information

Exhibiting Company (for publication) _____

Address (for publication) _____

City/State/Zip (for publication) _____

Contact Name _____

Contact Phone _____ Contact Fax _____

Contact E-mail _____

Company Website _____

New exhibitor check here

Booth Size Requested _____ x _____. Our four selections for booth space(s) are:

1st _____ 2nd _____ 3rd _____ Best available _____

Exhibitors from whom we desire booth separation:

Booth space is \$37.50 per sq. ft., \$200 per corner. The cost per Executive Suite is \$7,000. A non-refundable deposit of at least 50% of space rental purchases must accompany this contract. The balance must be paid within 30 days from the submission of this contract. For credit card transactions, the credit card on file will be billed for the remaining balance 30 days after the submission of the contract. Any booth contracted after September 7, 2012 must be paid in full by the exhibitor at the time of submission of the contract. Contracts received by October 12, 2012 will be published in the printed Exhibitor Yellow Pages.

Booth Pricing

- 10' x 10' = \$3,750 10' x 10' Corner = \$3,950
 10' x 20' = \$7,500 10' x 20' Corner = \$7,700 20' x 20' = \$15,800

Corporate Support Packages:

- Leader Supporter \$76,875
 Advocate Supporter \$46,125
 Contributor Supporter \$10,250

Exhibitor Suite Requested Yes No

Exhibitors may rent suites in the exhibit hall to hold private meetings, focus groups, demos and other activities. Each suite will have 8' high fabric covered hard wall, wall-to-wall carpet, one conference table, one trash can and six conference chairs. The cost per suite is \$7,000 for use Monday-Tuesday, 8 am-5 pm, and Wednesday, 8 am-2 pm. Suites are 264 sq. ft.

FOR ASHP USE ONLY

Date Received: _____

ASHP Customer ID: _____

ASHP Bill ID: _____

Confirmed Booth # _____

Number of Corners _____

We plan to display the following:

Check Product/Company Category (no more than five) for publication in Exhibitor Yellow Pages.

01. Computer Systems/Software

Drug Products

02. Brand Name Pharmaceuticals
03. Generic Pharmaceuticals
04. Parenterals

Equipment

05. Dispensing
06. Drug Admin Devices
07. Hoods, Safety Cabinets
08. Packaging Equipment/Systems
09. Refrigeration
10. Facility Design/Fixtures
11. Government Agency
12. Health Care Institution
13. Home Health Care
14. Market Research
15. Pharmacy Mgmt Services
16. Profession or Trade Assn
17. Publications
18. Wholesale Distributors
19. Employers/Employment Agencies
20. Automation
21. Biotechnology Pharmaceuticals
22. Other

VIP Pre/Post Show Demos

\$3,500

Schedule one-on-one appointments, individually or in groups, with your customers before and after show hours in your exhibit booth.

The fee includes all demo hours through the week and covers additional security, electricity and administrative costs related to conducting pre and post show demos.

Demo Hours: Monday-Wednesday, 8-11 am and Monday-Tuesday, 3-5 pm



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Midyear Clinical Meeting Exhibitor Listing

This online Exhibit Hall directory allows meeting attendees to search your company's booth location, name and address electronically. Every exhibiting company will receive a Basic Listing, but in order to maximize your exposure you should take advantage of the Enhanced or Premium Electronic Listings. Below are the details for the three available options.

Note: This is the only onsite print publication for the exhibitor listing.

Listing	Includes	Cost
<input type="checkbox"/> Basic	Company Name, booth location, and address	FREE
<input type="checkbox"/> Enhanced	Basic Listing + a 50 word company/ product description	\$500
<input type="checkbox"/> Premium	Enhanced Listing + color logo + link to company website on ASHP's Midyear exhibitor floor plan	\$1,000

Each of the above listings will also appear on the ASHP Midyear Clinical Meeting website.

Improve the Health and Well-Being of Hospitalized Patients

Give to the ASHP Research and Education Foundation. Your donation helps the ASHP Foundation in its mission to foster safe and effective medication use—and it is tax deductible.

\$50 \$100 \$150 \$ _____ (specify other amount)

PAYMENT (ASHP's Tax ID# is 520807628.)

Credit Card

Charge \$ _____ to my:

VISA MasterCard Discover American Express

Account # _____ Exp. Date _____

Authorized Signature _____

Fax contract with Credit Card payment to **301-664-8895**.

Check (Mail original contract and check to address below.)

Check # _____ has been mailed to

ASHP, P.O. Box 75571, Baltimore, MD 21275-5571

Note: Federal Express will not deliver to P.O. boxes.

We agree to abide by the payment and withdrawal clauses (including space downsizing) as set forth in the Rules & Regulations and comply with the other terms and conditions of this contract as set forth in the online Exhibition pages, and to the requirements of the facility use contract related to the Exhibit Space (under which exhibit space in the Mandalay Bay Hotel is leased to ASHP). We further agree that if, in the judgment of the ASHP, it becomes necessary to change the original allocation of space, ASHP may do so by notification to the authorized representative. We understand that, upon acceptance by ASHP, a contract consisting of this application, all items incorporated by reference herein, and the space assignment will be in full force and effect. Acceptance will be acknowledged in a confirmation/invoice sent from ASHP.

I accept all terms of this agreement X _____

Billing Contact Information

Contact Name _____

Exhibiting Company (for publication) _____

Address _____

City/State/Zip _____

Contact Phone _____ Contact Fax _____

Contact E-mail _____ Company Website _____

ASHP Contacts: Dayna Evans, Director, Exhibits and Sponsorships • Phone: 301-664-8655 • FAX: 301-664-8895 • devans@ashp.org

Michelle Rasnick Tyler, Manager, Exhibits and Affiliate Events • Phone: 202-536-5234 • FAX: 301-634-5862 • mtyler@ashp.org