

# ASHP Summer Meeting and Exhibition



JUNE 14-17, 2009 ■ ROSEMONT, ILLINOIS (Chicagoland)

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

Booth Size Requested \_\_\_\_\_ X \_\_\_\_\_.

Our four selections for booth space(s) are:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

Exhibitors from whom we desire booth separation: \_\_\_\_\_

Booth space is \$30 per sq ft. The cost per Executive Suite is \$4,500. A deposit of at least 50% of space rental must accompany this contract. The deposit is non-refundable. **The balance must be paid by March 6, 2009 at which time all payments are non-refundable.** Contracts received by March 6, 2009 will be published in the meeting program book.

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 and six conference chairs. The cost per suite is \$4,500 for use Monday-Wednesday.

We plan to display the following: \_\_\_\_\_

Check Product/ Company Category (no more than five) for publication in program book.

- |   |  |  |
|---|--|--|
| 01. <input type="checkbox"/> Computer Systems/Software  | 07. <input type="checkbox"/> Hoods, Safety Cabinets      | 15. <input type="checkbox"/> Pharmacy Mgmt Services        |
| <b>Drug Products</b>                                    | 08. <input type="checkbox"/> Packaging Equipment/Systems | 16. <input type="checkbox"/> Profession or Trade Assn      |
| 02. <input type="checkbox"/> Brand Name Pharmaceuticals | 09. <input type="checkbox"/> Refrigeration               | 17. <input type="checkbox"/> Publications                  |
| 03. <input type="checkbox"/> Generic Pharmaceuticals    | 10. <input type="checkbox"/> Facility Design/Fixtures    | 18. <input type="checkbox"/> Wholesale Distributors        |
| 04. <input type="checkbox"/> Parenterals                | 11. <input type="checkbox"/> Government Agency           | 19. <input type="checkbox"/> Employers/Employment Agencies |
| <b>Equipment</b>  | 12. <input type="checkbox"/> Health Care Institution     | 20. <input type="checkbox"/> Automation                    |
| 05. <input type="checkbox"/> Dispensing                 | 13. <input type="checkbox"/> Home Health Care            | 21. <input type="checkbox"/> Biotechnology Pharmaceuticals |
| 06. <input type="checkbox"/> Drug Admin Devices         | 14. <input type="checkbox"/> Market Research             | 22. <input type="checkbox"/> Other                         |

Payment by Credit Card:

Charge \$ \_\_\_\_\_ to my:  VISA  MasterCard  Discover  American Express  
Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

Payment by Check:

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 other terms and conditions of this contract as set forth in the Exhibit Prospectus, Rules & Regulations, and to the requirements of the facility use contract (under which exhibit space in the Washington State Convention & Trade Center is leased to ASHP) all of which by references are fully incorporated herein. 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. Please visit [www.ashp.org](http://www.ashp.org) for the most up to date Rules and Regulations.

Contact Name \_\_\_\_\_

Exhibiting Company (for publication) \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Fax \_\_\_\_\_

Contact E-mail \_\_\_\_\_

Company Website \_\_\_\_\_

## FOR ASHP USE ONLY

Date Received: \_\_\_\_\_

ASHP Customer ID: \_\_\_\_\_

ASHP Bill ID: \_\_\_\_\_

Show Code: **SM 09**

Booth #: \_\_\_\_\_

Suite #: \_\_\_\_\_

Type: ILND INLN

Plan: COMP HP  
NP SPEC  
STD FLAT

Width: \_\_\_\_\_ Length: \_\_\_\_\_

Payments:

Fax contract with credit card payment to 301-664-8895.

Mail original contract and check to address below.  
Note: Fed Ex will not deliver to P.O. boxes:

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

Do NOT mail contracts and checks to Bethesda, MD. All checks MUST be sent to the P.O. Box listed above.

Dayna Evans,  
Senior Manager, Exhibits  
and Sponsorship

Phone: 301-664-8655

FAX: 301-664-8895