

ASHP 2010 Summer Meeting and Exhibition

JUNE 6-8, 2010 ■ TAMPA, FLORIDA
TAMPA CONVENTION CENTER



FOR ASHP USE ONLY

Date Received: _____
ASHP Customer ID: _____
ASHP Bill ID: _____
Confirm Booth # _____

BOOTH REQUEST

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

Booth Size _____ x _____ (Booth space \$30.00 per sq. ft.)

Corporate Support Packages (Booth Included):

- Diamond Supporter \$65,000 (40' x 40')
- Silver Supporter \$15,000 (20' x 20')
- Bronze Supporter \$9,000 (10' x 10')

Our four selections for booth space(s) are:

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

Exhibitors from whom we desire booth separation:

Deposit: A non-refundable deposit of at least 50% of space rental must accompany this contract. The balance must be paid within 30 days. Any booth contracted after March 5, 2010 must be paid in full by the exhibitor at the time of submission of the contract. Contracts received by March 5, 2010 will be published in the meeting program book and Exhibit Yellow Pages.

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 \$4,500 for use Monday-Wednesday, 8 am-5 pm. Suites are 264 sq. ft.

SUMMER MEETING EXHIBIT YELLOW PAGES

This Exhibit Hall directory allows meeting attendees to search your company's products and services both in print and electronically.

NEW THIS YEAR! Every exhibiting company will receive a Basic Listing and Enhanced listing. In order to maximize your exposure you should take advantage of the Premium Listing. Below are the details for the three available options.

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	FREE
<input type="checkbox"/> Premium	Enhanced Listing + color logo + link to company website on ASHP's Summer Meeting website	\$500

Each of the above listings will also appear on the ASHP Summer Meeting website for one year.

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)

ASHP CONTACT:

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

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

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

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

Charge \$ _____ to my:

VISA MasterCard Discover American Express

Account # _____ Exp. Date _____

Authorized Signature _____

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 to the requirements of the facility use contract (under which exhibit space in the Tampa Convention 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.

I accept all terms of this agreement X _____

CONTACT INFORMATION

Contact Name _____

Exhibiting Company (for publication) _____

Address _____

City/State/Zip _____

Contact Phone _____

Contact Fax _____

Contact E-mail _____

Company Website _____