Submitting Your Residency Showcase Application

1. Visit the Residency Showcase application sign in page. Input your password or create a new account to begin the process.

2. Begin your application for booth space.
   a. Verify company and contact information
   b. Verify billing contact and a secondary contact if necessary
   c. Confirm the booth name for on-site signage
   d. Select your session preference (must list at least 2)
   e. Select the number and size of booths you'd like
   f. Tell us if booth size or session is prioritized
   g. Provide any special instructions
   h. Review your order detail

Unfilled application

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Clinical Meeting & Exhibition

Home   Booth Assignment Process   Instructions (With Screen Shots)

2019 Residency Showcase Booth Selection - To Begin, Start Below

Company Info
Click "Edit" to update if this information is incorrect.

ASHP
4500 East-West Highway
Suite 900
Bethesda, MD 20832
United States
866-279-0681
showcase@ashp.org

Please verify the information below is the correct person to send logistical communications to:

Bugs Bunny
showcase@ashp.org

[Edit]

Contact Information
- The primary contact is the one in the company info above.
- Please add a billing contact to appear on the invoice.
- You can also add a secondary contact to receive communications.

Primary Contact*	[Select One]
Billing Contact *	[Select One]
Secondary Contact	[Select One]

Application Info
Tell us about the booth space you would like to purchase.

Booth Name (On-Site Signage) *	How Your Program Name Should Be Listed in Your Booth and on the Floor Plan
Date Preference 1*	[Select]
Date Preference 2*	[Select]
Date Preference 3	[Select]
Select quantity of 10' x 10' booths	0
Select quantity of 10' x 20' booths	0
Select quantity of 10' x 40' booths	0
Which criteria should take priority when assigning your booth(s)?*	○ Preferred Date ○ Booth Size
Special Instructions	Additional notes
Indicate any programs you would like to be placed near	Indicate any programs you would like to be placed near

Filled application for 2 10x10 booths and one 10x20 booth

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Contact Information
- The primary contact is the one in the company info above.
- Please add a billing contact to appear on the invoice.
- You can also add a secondary contact to receive communications.

Primary Contact*	Bugs Bunny	[View/Edit]
Billing Contact *	Bugs Bunny	[View/Edit]
Secondary Contact	[Select One]	

Application Info
Tell us about the booth space you would like to purchase.

Booth Name (On-Site Signage) *	ASHP Residency showcase Booth
Date Preference 1*	[Select]
Date Preference 2*	[Select]
Date Preference 3	[Select]
Select quantity of 10' x 10' booths	2
Select quantity of 10' x 20' booths	1
Select quantity of 10' x 40' booths	0
Which criteria should take priority when assigning your booth(s)?*	● Preferred Date ○ Booth Size
Special Instructions	Additional notes
Indicate any programs you would like to be placed near	Indicate any programs you would like to be placed near
ASHP is considering a Virtual Residency Showcase on December 18, 2019 to supplement the in-person event and allow you to connect with candidates you may not have been able to on-site. It will be free and only available to programs participating in the live Residency Showcase. Would you be interested in participating?*	○ Yes ○ No

Order Details
Review your order details.

Order Details	Total Amount	Amount Due
Booth Space 10' x 10'	$795.00	$795.00
Booth Space 10' x 10'	$795.00	$795.00
Booth Space 10' x 20'	$1,590.00	$1,590.00
Total cost: $3,180.00		
Minimum Payment Due: $3,180.00		

3. Continue your application by submitting payment
   a. Submit payment information – New in 2019: Your credit card will be charged at the time of purchase. If this is an issue, please email showcase@ashp.orgSubmit your contract information
   b. Agree to terms
   c. Submit

Payment Info
Enter your payment details.

Amount Charged	3180.00
New in 2019: Upon submission, your credit card will be charged immediately. If this is an issue, please email showcase@ashp.org.*	
Payment Method*	Pay by Credit Card
Name (as it appears on the Credit Card)*	Name on credit card
Card Number*	Card Number
Accepted Card Types	VISA
Expiration Date*	--Select Month-- / --Select Year--
CVV - What's this?*	Card CSV
Address	Address
City	City
Zip	Zip

Electronic Signature
The person responsible for and authorized to sign this application is:

First Name*	First Name
Last Name*	Last Name
Job Title*	Title

Terms and Conditions

- **2019 Residency Showcase Rules and Regulations - Coming Soon**
- Cancellation Policy: Withdrawal by any Residency Showcase will not be accepted unless written notice of such withdrawal has been received by ASHP. All deposits are 50% nonrefundable, and any Residency Showcase who withdraws after August 19, 2019, shall forfeit 100% of the full price of said Residency Showcase.

☐ I agree with terms and conditions.

Submit   Reset

4. You can now view and print your current application(s). If you'd like, you can scroll down the page and begin another application as well.

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Your booth space application has been successfully submitted. You will receive an email shortly.

What are the next steps?

On August 19, 2019
- ASHP will email the contact with their assigned session and booth number.
- You will be provided with log in information and instructions for promoting your program listings.

Please visit the Residency Showcase Information for Programs page for more information.

Current 2019 Residency Showcase Application(s)

To Review Your Order, Click View/Print

ID	Booth Name	Application Date	Status	View/Print
1899	ASHP Residency Showcase	04/17/2019	Submitted	🖶

2019 Residency Showcase Booth Selection - To Begin, Start Below