



Employment Opportunity Showcase Reservation Form

Send completed form and payment to:
 California Society of Health-System Pharmacists
 1314 H Street, Suite 200, Sacramento, CA 95814
 Phone: (916) 447-1033 Fax: (916) 447-2396 Email: seminar@cshp.org

In Order To Validate This Contract:

1. Mail this along with complete payment by August 1, 2009
2. Exhibitor understands and agrees to method for allocating space
3. Exhibitor understands that this application becomes a contract when signed by a company representative and accepted by CSHP

Booth numbers in order of preference:

Company Name (as you wish it to appear in Seminar Materials):

Contact Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Showcase Hours:

Saturday, October 3 11:00 am – 2:30 pm

Exhibitor Fees

Package includes: 10x10 booth, 6' table, sign, and 2 chairs

Before June 1st:

- Single-Site Health System \$1,000
 Multi-Site Health System \$1,500

After June 1st:

- Single-Site Health System \$1,750
 Multi-Site Health System \$2,250

Other Fees

- Additional 6' Table \$100
 Electrical Outlet \$125

Exhibitor Kits will be delivered to all exhibitors prior to Seminar 2009. The kit will contain information on shipping and any additional equipment.

Residency and Fellowship Showcase exhibitors **must be registered for Seminar 2009.**

Payment Method:

Please enclose a check made payable to:
 California Society of Health-System Pharmacists, CSHP
 Tax ID#: 94-6252725

OR

Provide payment information for one of the following:

- VISA MC AMEX DISCOVER

Amount \$ _____

Card #: _____

Expiration Date: _____

Name on Card: _____

By signing and submitting this application, I acknowledge that this document serves as a contract between my institution and the California Society of Health-System Pharmacists.

PRINT NAME _____

TITLE _____

SIGNATURE: _____

DATE _____

PLEASE MAKE A COPY FOR YOUR RECORDS