



Exhibitor Reservation Form and Contract

To reserve an exhibit hall booth, please complete this form and mail or fax 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 7, 2009
2. Exhibitor understands and agrees to method for allocating space as described in the rules and regulations
3. Exhibitor agrees to comply and be bound to exhibit rules and regulations. Exhibitor further understands that this application becomes a contract when signed by a company representative and accepted by CSHP

2009 Exhibit Fee Rates:

- A) Corner Booth(s) _____ x \$3,050
 B) Aisle Booth(s) _____ x \$2,700
 _____ Total

Contact CSHP for more information on island booths or other display arrangements, sponsorship, advertising, or exhibits. Please call Megan Blackwell at 916.447.1033 or email megan@cshp.org.

Companies We Wish To Be:

Away from: _____

Near: _____

Booth numbers in order of preference:

Please provide Company information, as you would like it to appear in the program book:

Company Name: _____

Mailing Address: _____

City / State / Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

All correspondence regarding this exhibit should be sent to:

Contact: _____

Mailing Address: _____

City / State / Zip: _____

Phone: _____

Fax: _____

Email: _____

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, I accept the following terms:

1. Exhibitor understands and agrees to method for allocating space as described in the rules and regulations.
2. Exhibitor agrees to comply with and be bound by exhibit rules and regulations listed on the reverse side of this form. Exhibitor further understands that this application is a contract when signed by a company representative and accepted by CSHP.

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

PLEASE MAKE A COPY FOR YOUR RECORDS