



Sponsorship Commitment Form

Mail or fax this form and send payment to:

California Society of Health-System Pharmacists
 Attn: Seminar Coordinator
 1314 H Street, Suite 200, Sacramento, CA 95814
 Phone: (916) 447-1033 Fax: (916) 447-2396 Email: seminar@cshp.org

Full Payment Required by August 7, 2009

YES! My company will be a sponsor of CSHP's Annual Seminar.

We would like to sponsor the following items:

Item: _____	Fee: _____
Item: _____	Fee: _____
Item: _____	Fee: _____
Item: _____	Fee: _____
Item: _____	Fee: _____
Item: _____	Fee: _____
<i>Total:</i> _____	

Sponsor and Contact Information:

Company Name: _____
 Contact: _____
 Mailing Address: _____
 City / State / Zip: _____
 Phone: _____
 Fax: _____
 Email: _____
 Contact Signature: _____

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: _____

PLEASE MAKE A COPY FOR YOUR RECORDS