



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 20, 2010
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
4. Payment of 50% of exhibit booth fees is due upon submission of the reservation form. Submission of the application constitutes the applicant's consent to be bound by the provisions of the CSHP regulations concerning exhibits and cancellation refund guidelines.
5. The remaining 50% is due within 30 days of form submission.

Companies We Wish To Be:

Away from: _____

Near: _____

Booth numbers in order of preference:

All correspondence regarding this exhibit should be sent to:

Contact: _____

Mailing Address: _____

City / State / Zip: _____

Phone: _____

Mobile 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: _____

Signature _____

2010 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 the CSHP office at (916) 447-1033 or email seminar@cshp.org.

Please provide company information as you would like it to appear in Seminar materials:

Company Name: _____

Mailing Address: _____

City / State / Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

By signing, I accept the terms as stated above and agree to adhere to all payment and cancellation policies set forth by CSHP

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

Written Cancellation Required

- A non-refundable deposit of at least 50% will be due by July 23, 2009 with the remaining amount due by August 22, 2009.
- Any booths contracted after July 23, 2009 will require 100% payment to secure.
- If an exhibitor withdraws after September 21, 2009 they will pay a cancellation fee of 100% of the full price of their booth(s).

PLEASE MAKE A COPY FOR YOUR RECORDS