



SEMINAR IN THE CITY

Exhibitor Theater 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

Please Print Clearly

Name and Title of Coordinator: _____
Sponsoring Company/Institution: _____
Mailing Address: _____
City / State / Zip: _____
Phone: _____
Fax: _____
Email: _____
Website: _____
Title of Presentation: _____

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: _____

My company would like to participate in the following event(s):

Two-hour CE Presentation (Mandatory CPE) \$5,000
 One-hour Presentation (Optional CPE) \$2,500
CE: Yes No

Program description for Registration Brochure and Program Book (please limit to three brief sentences):

Will a meal be provided? Yes No

If you are providing a meal, please check the following information that best suits you:

Breakfast Event Lunch Event Dinner Event

Thursday, October 21 Friday, October 22

Saturday, October 23 Sunday, October 24 (Breakfast Only)

Note: Any Exhibitor Theater providing a meal and CE must allow one hour of non-classroom time for food service and eating.

By signing and submitting this application, I acknowledge reading and agreeing to CSHP's Exhibitor Theater guidelines as outlined on the facing page.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Program Development

CSHP is pleased to offer accreditation and program development services. The fee amount for these activities is dependent on the level of service requested. If you indicate that assistance is needed for accreditation or program development, a CSHP representative will contact you to discuss your options.

Do you need assistance with ACPE accreditation for this program?

Yes No

Do you need assistance with your program development?

Yes No

PLEASE MAKE A COPY FOR YOUR RECORDS