



SEMINAR IN THE CITY

# Residency and Fellowship 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 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

Booth numbers in order of preference:

\_\_\_\_\_

### Contact

Company Name \_\_\_\_\_

*(As you wish it to appear in Seminar materials)*

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### 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: \_\_\_\_\_

### Showcase Hours:

Friday, October 22: 2:30 pm – 5:00 pm

Saturday, October 23: 10:00 am – 12:30 pm

### Exhibitor Fees

Package includes: 10'x10' booth, 6' table, sign, and cork board

- Friday Showcase \$650
- Saturday Showcase \$650
- Both Sessions \$1,000

### Other Fees

- Additional 6' Table \$175
- Electrical Outlet \$200

I understand that my space comes with a 6' table and cork board. I will not need:

- 6' Table
- Cork Board

GES Exhibitor Kits will be mailed to all exhibitors prior to Seminar 2010. The kit will contain information on shipping and any additional equipment.

Residency and Fellowship Showcase exhibitors **must be registered for Seminar 2010.**

*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: \_\_\_\_\_

**PLEASE MAKE A COPY FOR YOUR RECORDS**