

**EXHIBIT BOOTH STAFF REGISTRATION FORM
2009 ACCP Annual Meeting
Anaheim Convention Center
Anaheim, California**



Each 10' x 10' booth includes 4 complimentary exhibit booth staff registrations. Additional exhibitor name badges may be purchased for \$50 each. Exhibit staff who wish to receive continuing pharmaceutical education credit must register separately to attend the Annual Meeting.

Company Name: _____

Booth Number(s): _____ **Booth Size(s):** _____

Number of Complimentary Staff Registrations: _____

Contact Person: _____

Telephone: _____

Email: _____

Print Full Name	Address, City, State ZIP	Telephone	Additional Name Badge \$50 each
1.			
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16.			
ADDITIONAL NAME BADGES — TOTAL AMOUNT			\$

Payment Method:

\$ _____ Check enclosed. Please make payable to **American College of Clinical Pharmacy.**

\$ _____ Credit Card: Master Card Visa Discover Card AMEX

Card Number _____ Exp. Date _____ Security Code _____

Name of Card Holder (print) _____

Card Holder Signature _____

Please return this form no later than Friday, September 25, 2009, to:

**American College of Clinical Pharmacy
Attn.: Gretchen L. Miles, CMP
13000 W. 87th St. Parkway, Suite 100
Lenexa, Kansas 66215-4530
TEL (913) 492-3311 FAX (913) 492-0088**