

**EXHIBIT BOOTH STAFF REGISTRATION FORM  
2010 ACCP Annual Meeting  
Austin Convention Center  
Austin, Texas**



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.			
<b>ADDITIONAL NAME BADGES — TOTAL AMOUNT</b>			\$

**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 24, 2010, to:**

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