

EXHIBIT BOOTH STAFF REGISTRATION FORM
2011 ACCP Annual Meeting
David L. Lawrence Convention Center
Pittsburgh, Pennsylvania



Each 10' x 10' booth includes 4 complimentary exhibit booth staff registrations. Additional exhibitor name badges may be purchased for \$50 each. Exhibiting 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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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 23, 2011, to:

American College of Clinical Pharmacy
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