Exhibit Application



2012 ACCP Annual Meeting • October 21–24 • Westin Diplomat Resort • Hollywood, Florida

Print company name exactly as you want it to appear on all listings and signs. All information must be complete and full payment received before application will be accepted and processed.

Company Name:			
Contact Person:	Departmen	t:	
Address:			
City:	State:		ZIP Code:
Telephone:	Fax:		
E-mail: (Required)			
	ollowing exhibit booth space at the 2012 ACC n Associates for other booth options.)	P Annual Meeting:	
# of Booth(s)	Type of Booth	Cost	Preferred Booth Assignment(s)
	10 feet × 10 feet Standard	\$3,000 each	#1
	10 feet × 10 feet Corner	\$3,000 each	#2
	20 feet × 20 feet Island	\$12,000 each	#3
\$\$	Full payment is required with this application Check enclosed: Please make check payout Credit Card: MasterCard Visa	able to American Colleg	e of Clinical Pharmacy. rican Express
Cardholder Name: (pl	ease print)		
Cardholder Signature	::		
Authorization to Exhand also in this prosp	nibit: By signing this application, I/We agree to nectus.	the rules, regulations,	and services provided on the ACCP webs
Signed:	Printed Name:		Date:
Additional Promotior	nal Opportunities: To receive more information	on these opportunities,	please check the boxes.
🛮 Satellite symposia [Sponsorships Advertising Pharmacoth	erapy supplements 🗌 H	otel door drops
	mpleted application and full payment, payable t tes, 230 Old Tappan Road, Old Tappan, New Jer	_	
Administrative Use ∩	nly: Date Application Received:	Booth #(s) Assid	ned: