

EXHIBIT BOOTH STAFF REGISTRATION FORM
2012 ACCP Annual Meeting
Westin Diplomat Resort
Hollywood, Florida



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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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 24, 2012, to:

American College of Clinical Pharmacy
Attn.: Gretchen L. Miles, CMP
13000 W. 87th St. Parkway, Suite 100
Lenexa, Kansas 66215-4530

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