

**2014 Career Expo & Pharmacy Professions Showcase
Registration Payment Form**

Company Name: _____
 Contact Name: _____
 Phone/Cell: _____
 E-Mail: _____
 Address: _____
 City/State/Zip: _____

Sponsorship Type:

- Title \$10,000 Platinum \$5,000 Silver \$1,750
- Presenting \$7,500 Gold \$3,000 Bronze (Non-Profits ONLY) \$1,000
- Other: Exhibit Booth ONLY \$750 - for Non-Profits \$500
 Interview Room ONLY \$750 - for Non-Profits \$500

Total Amount: _____

Method of Payment:

- CHECK** – make check payable and mail to:
NSU College of Pharmacy
Please Reference: 2013 Career Expo
Attn: Professional Affairs, 3200 S. University Drive, Ft. Lauderdale, Florida 33328

- Credit Card** – indicate card type

| | | |
|---|---|---|
| <p>Visa</p>  <p>_____</p> | <p>MasterCard</p>  <p>_____</p> | <p>AmEx</p>  <p>_____</p> |
|---|---|---|

Card Number: _____
 CVV/CSV Number: _____
 Expiration Date: _____ / _____



Cardholder/Billing Information (if different than above):

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____

*****AUTHORIZED SIGNATURE:** _____