

APPLICATION FORM AND CONTRACT FOR EXHIBIT SPACE
17th International Conference on Pharmacoepidemiology
Sheraton Centre, Toronto, Canada
August 23-26, 2000

Please PRINT your company's name, address, telephone, fax and e-mail numbers as you would like them to appear in the Final Program.

NOTE: The name listed as contact will receive all exhibit follow-up correspondence.

CONTACT PERSON:

TITLE:

COMPANY NAME:

ADDRESS:

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: (____) _____

FAX NUMBER (____) _____

E-MAIL ADDRESS:

ADDITIONAL REPRESENTATIVES:

NAME: _____

TITLE: _____

NAME: _____

TITLE: _____

I understand the terms and conditions as outlined in the exhibitor prospectus and agree to comply.

SIGNATURE: _____

DATE: _____

All applications MUST be sent with full payment. Applications are considered incomplete until full payment has been received, and will not be assigned a table. Payment must be received by July 16, 2001 to ensure inclusion in final program. Exhibitor assignments are on a first-come, first-served basis. **Written cancellation must be received by July 16, 2001, to receive a refund minus a \$250 administrative fee.**

PAYMENT:

Number of 6' TABLETOP(S) _____ @\$1,000/tabletop
\$ _____

Additional representatives _____ @ \$ 500/person \$ _____

TOTAL \$ _____

[US Dollars]

☐ PAYMENT BY CHECK [US Dollars]

Make payable to *ISPE*. No phone credit cards or wire transfers accepted.

☐ PAYMENT BY CREDIT CARD [in US Dollars]

Please complete the information below.

CHARGE: ☒ VISA ☒ MASTERCARD ☒ AMERICAN EXPRESS

ACCOUNT NUMBER: _____ EXP. DATE:
MONTH ____/YR ____

SIGNATURE: _____

Credit Card Reservations fax to: (301) 656-0989

All others mail to:

ISPE, 4340 East West Highway, Suite 401, Bethesda, MD, USA 20814-4410

Office Use:

Date Received _____

Total Paid \$ _____

Method of Payment _____