

Maryland Chapter – American Society of Consultant Pharmacists 11th Annual MD-ASCP Spring Spectacular Saturday April 18, 2015 Hilton BWI Airport Hotel – Linthicum Heights, Maryland

EXHIBITOR RESPONSE FORM

| Company Name: | | |
|--------------------------------------|-------------------------------|----------------------------|
| Representative: | | |
| Phone #: | E-Mail: | |
| Authorized Representative Signatu | re:(must be signe | ed to be accepted by ASCP) |
| ☐ Exhibit / Display | Γable – \$ 650.00 | |
| ⊟ -Product Theater I | .unch - \$1,000.00 | |
| TAX ID#52-0942322 | | |
| ☐ A Check Is Being for | warded to MD-ASCP | ☐ Send Me an Invoice |
| Credit Card Paymen | <u>ts</u> | |
| ☐ MasterCard ☐ V | VISA □ AMEX | \square Discover |
| Card # | CSV Coo | de#Exp. Date |
| Address Associated wit | h Card: | |
| Printed Name: | Signatu | re: |

Cancellation Policy: Display booths cancelled before Friday January 30, 2015 will be refunded 100% of fee paid. Booths cancelled before Friday March 13, 2015 will be refunded 50% of fee paid. No refunds will be issued for booths cancelled after Friday March 13, 2015.

FAX OR SCAN & E-MAIL THIS FORM WITH CREDIT CARD PAYMENT TO: 410/465-7073 mdascp@rxassociationmgt.com
OR MAIL A CHECK TO: MD-ASCP,
c/o PAM, INC, 242 Walking Janelle Way, Marriottsville, MD 21104

THANK YOU FOR YOUR SPONSORSHIP