



2010 Western States Conference
For Pharmacy Residents, Fellows, Preceptors and Sponsors

Career Fair Reservation Form

Company/Institution Information

(As you would like it to appear in conference materials)

Company/Institution Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contact Information

(All correspondence regarding the Career Fair should be sent to:)

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Extension: _____

Email: _____

Payment Method

Check Enclosed (Payable to CSHP/WSC)

OR

Credit Card Type: _____ Total: _____

Card Number: _____

Exp. Date: _____ SS Code: _____

Card Holder Name: _____

Signature: _____

Submitting Your Form

Please fax (916) 447-2396 or mail form and payment to:

California Society of Health-System Pharmacists
Attn: WSC
1314 H Street, Suite 200
Sacramento, CA 95814

Please note that forms will **NOT** be processed unless accompanied by full or 50% payment. If full payment is not received prior to the start of Western States Conference, this contract will be void.

In Order To Validate This contract:

1. Career Fair participants understands that this application becomes a contract when signed by a company representative and accepted by Western States Conference
2. Forms must be submitted with a minimum of 50% payment
3. Full payment is due no later than **May 1, 2010**

Career Fair Fees and Hours

Wednesday, May 26 7:00pm - 9:00pm

Display Table: _____ x \$1,500

(Company/Institution without residents or fellows in attendance at the conference, booth staffed by HR personnel, recruiting system wide)

Display Table: _____ x \$600

(Company/Institution with residents or fellows in attendance at the conference, booth staffed by registered preceptors, fellows or residents, single site recruitment)

Showcase Description

This showcase was designed primarily for companies/institutions with available career opportunities to network with potential job candidates. This is including but not limited to: medical centers and/or hospitals, pharmaceutical companies, and companies/institutions sending HR representatives.

Display fees provide for **one** registration during showcase hours only. However, the option to register up to three representatives at the conference rate of \$450 is available.

All display areas are equipped with a 6 foot table and two chairs. Displays cannot be any larger than 4ft x 6ft.

Please be aware that we are not able to provide power, electrical outlets, telephone lines or Internet connections for displays. Portable generators or external power sources are not allowed. Displays must fit in your 4' X 6' designated area, due to space limitations.

Cancellation and Refund Policy

To receive a refund, cancellation requests must be made in writing and must be received by WSC no later than April 1, 2010. Requests made prior to this date are entitled to 50% refund of the total exhibiting fees. Requests made after that date will not be granted a refund.

Asilomar State Park ❖ Pacific Grove, CA ❖ May 25-28, 2010

Alaska ❖ Arizona ❖ California ❖ Colorado ❖ Hawaii ❖ Idaho ❖ Montana ❖ Nevada ❖ New Mexico ❖ Oregon ❖ Utah ❖ Washington ❖ Wyoming

Western States Conference ❖ c/o California Society of Health-System Pharmacists

1314 H Street, Suite 200 ❖ Sacramento, CA 95814

Phone: (916) 447-0843 ❖ Fax: (916) 447-2396 ❖ email: wsc-rx@cshp.org ❖ web: www.wsc-rx.org