



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

Exhibitor Reservation Form

**Company Information**

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

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact Information**

(All correspondence regarding this exhibit 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. Exhibitor 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**

**Exhibitor Fees and Hours**

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

Display Table: \_\_\_\_\_ x \$5,000

**Showcase Description**

This showcase is open to any companies and/or institutions **without** residents or fellows attending Western States Conference. This program is intended to serve as an integral part of the educational experience at Western States conference. Exhibitors should plan to provide attendees with useful information about products and services related to the practice of pharmacy in hospitals and other healthcare facilities.

Booths must be staffed by qualified employees of the exhibiting company who are able to explain or demonstrate the products or service display.

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 Western States Conference 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

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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