

West Virginia Society of Health-System Pharmacists

2019 Annual Meeting / April 26-27, 2019

Embassy Suites /Charleston, WV

Please make check payable to WVSHP and mail to:

WVSHP

PO Box 590/Culloden, WV 25510

Email: warrick2@marshall.edu

We hereby reserve for our use ___ exhibit space(s) for the 2019 Annual Spring Meeting and agree to pay \$1,000.00 for each exhibit space reserved ___ **Friday April 26, 2019 and Saturday April 27, 2019**

The fees listed above include lunch for two representatives.

Booths will be available for setup **starting at 5:00pm on Thursday, April 25th** and will be assigned on a first come, first served basis. Booths will be available for setup starting at 6:00 am also on the 26th and 27th, and will be assigned on a first come, first served basis. **Exhibit time is 7:00 am – 5:00 pm Friday, April 26th and Saturday, April 27th.** Companies that have signed up for exhibit space for multiple days will be allowed to leave exhibit area set up overnight.

Exhibitor's Name as it should appear in the Program and Exhibit Sign:

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____

Printed Name: _____

E-mail: _____ Telephone: _____

RSVP For Lunch (please indicate for 1 or 2 people) _____ Yes _____ No

Additional lunches at \$50 per representative _____

Method of payment: Check made payable to WVSHP _____

Please indicate a Contact Person to whom Exhibitor information should be sent. This will be the person who will be in charge of your exhibit on-site.

Rep #1: _____ Email: _____

Rep #2: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____