

# **West Virginia Society of Health-System Pharmacists**

2018 Annual Meeting / April 6-7, 2018

Embassy Suites /Charleston, WV

Please make check payable to WVSHS and mail to:

WVSHS

PO Box 590/Culloden, WV 25510

Email: warrick2@marshall.edu

We hereby reserve for our use \_\_\_ exhibit space(s) for the 2018 Annual Spring Meeting and agree to pay \$1,000.00 for each exhibit space reserved \_\_\_ **Friday April 6, 2018 and Saturday April 7, 2018**

*The fees listed above include lunch for two representatives.*

Booths will be available for setup **starting at 5:00pm on Thursday, April 5th** 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 6<sup>th</sup> and 7<sup>th</sup>, and will be assigned on a first come, first served basis. **Exhibit time is 7:00 am – 5:00 pm Friday, April 6th and Saturday, April 7th.** 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 WVSHS \_\_\_\_\_ Credit card (submit online registration) \_\_\_\_\_

**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: \_\_\_\_\_