

ASCP
MARYLAND
CHAPTER

SPRING SPECTACULAR – APRIL 14, 2018
EXHIBITOR RESPONSE FORM

Company Name: _____

Representative: _____

Phone #: _____ E-Mail: _____

Authorized
Representative Signature: _____

(must be signed to be accepted by ASCP)

Exhibit / Display Table – \$ 650.00

~~**Product Theater Lunch – \$1,000.00**~~

TAX ID#52-0942322

A Check Is Being forwarded to MD-ASCP

Send Me an Invoice

PAY BY CHECK

American Society of Consultant Pharmacists
Maryland Chapter – Spring Program
1321 Duke Street
Alexandria, VA 22314

PAY BY CREDIT CARD

Email a copy of this form to finance@ascp.com and we will send to you a secure link via email for payment.

Cancellation Policy: Display booths cancelled before Friday January 26, 2018 will be refunded 100% of fee paid. Booths cancelled before Friday March 16, 2018 will be refunded 50% of fee paid. No refunds will be issued for booths cancelled after Friday March 16, 2018.

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