

EXHIBITOR RESPONSE FORM

Company Name: _____

Representative: _____

Phone # _____ Email: _____

Authorized Representative Signature: _____

(must be signed to be accepted by ASCP)

Exhibit/Display Table - \$650.00

Product Theater Lunch - \$1000.00

TAX ID #52-0942322

A check is being forwarded to MD-ASCP

Send me an invoice

PAY BY CHECK

American Society of Consultant Pharmacists
MD Chapter – Spring Program
1240 N. Pitt Street
Alexandria, VA 22314

PAY BY CREDIT CARD

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

Cancellation Policy: Display booths cancelled before February 4, 2019 will be refunded 100% of fee paid. Booths cancelled before February 15, 2019 will be refunded 50% of fee paid. No refunds will be issued for booths cancelled after February 15, 2019.