NORTHWEST PHARMACY CONVENTION

EXHIBIT HALL REGISTRATION

Coeur d'Alene Resort Convention Center | Coeur d'Alene, Idaho | June 2, 2023

Please type or print.

Contact Name				
Exhibiting Company (f	or publicat	tion)		
Address				
City		State	Zip	
Contact Phone			Fax	
Contact Email				
Company Website _				
Your company's name	as it should	d appear on booth 	n sign (26 chara	cters max.)
Print or attach a brief of Maximum 50 words. For company's name only.	ailure to pr			
Booth Pricing: Early bird pricing available until March 31st. () \$2,500 (early bird) () \$2,700 The Washington State Ph	() Entert	- \$8,000 - \$5,500 te - \$3,500 tainment - \$4,200 ociation's tax ID nun	() Breakfast I () CE Sponso () Exhibit Cla	ponsorship - \$5,000 Presentation - \$3,700 orship - \$2,500 assroom - \$1,500
Payment by Credit Card Visa Maste	•		American Expre	nee.
Visa Maste	erCard	Discover	-	
Account #			•	
_	hase tickets	for the Saturday e		n, June 3rd from 7-10 p
Check: Make payable to	o WSPA			
Mail completed contract Northwest Pharma c/o WSPA - Stephar 411 Williams Avenu	icy Convent nie Van Dyk	(e		
Phone: 425-228-7171	Fax: 4	125-277-3897	Email: Stephar	nie@wsparx.org
Cancellation Policy: If writt	en notice of c	ancellation is received	prior to April 15, 20	23 a full refund minus a 6%

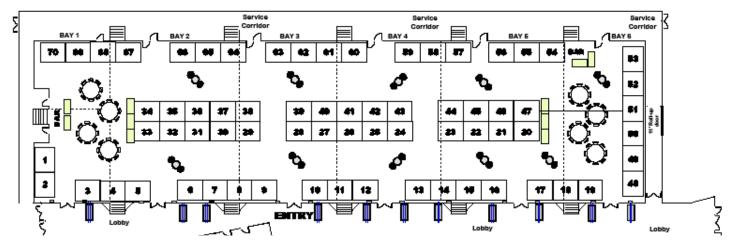
processing fee will be made. After April 15, 2023, a 50% refund minus a 6% processing fee will be made for written cancellations. No refunds or cancellations after May 5, 2023.

Continues on the next page.

Conditions of Exhibit

- 1. The Alaska Pharmacists Association (AKPhA), Idaho State Pharmacy Association (ISPA), Idaho Society of Health System Pharmacists (ISHP), Montana Pharmacy Association (MPA), Oregon State Pharmacy Association (OSPA), and Washington State Pharmacy Association (WSPA), referred to as the Associations here after, act for exhibitors or their representatives in the capacity of agent - not as principal. The associations assume no liability for any act of omission or com-mission in connection with this agency. The exhibitor and representative hereby release and, in addition, agree to hold harmless the Associations and the Convention Center at Coeur d'Alene from any and all costs, expenses, and liabilities for loss or damage ensuing from any cause.
- 2. All parties involved in the exhibit, including, but not limited to the exhibit hall, the owner, the leasing association, the sponsor and individual exhibitor agree to pay any and all claims arising out of their own negligence or that of their employees or agents.
- 3. Each party agrees to be responsible for its own property, through insurance or self-insurance, and to hold harmless all other parties from damage caused by theft or other perils normally covered by extended coverage, or fire.
- 4. The Associations determine eligibility of any company for exhibit. The As-sociation may request removal of any exhibit or promotion, wholly or in part, if in its opin-ion, it is not in keeping with the character (standards) and purposes of the Associations.
- 5. The Associations do not guarantee and expressly disclaim any and all liability for any and all losses or damage that might be incurred.
- 6. Subletting of any or all exhibit space is not permissible.
- 7. Exhibits should not project beyond the space allocated nor should they obstruct or interfere with traffic to other exhibits.
- 8. No part of any exhibit or any sign should be affixed to walls, doors, etc., or to the facility. Any and all damages, losses, expenses, or costs resulting from failure to observe this notice shall be payable by the exhibitor.
- 9. Before any exhibit may be removed from the facility, exhibitors must make satisfactory arrangements with the facility for incurred charges by exhibitor.
- 10. Only companies with space contracted in the exhibit areas may use a suite or function space for hospitality or meeting purposes. All requests for function space must be directed to WSPA for approval.
- 11. Distribution of products/service literature may be made only within the booth space assigned to the exhibitor presenting such material. Firms or organizations not assigned booth space in the exhibit hall will not be permitted to solicit business.

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Layout example. Booths will be assigned.

EXHIBITOR REPRESENTATIVES

Convention badges are required for people working the exhibit area. Exhibiting organizations are required to register each representative with a maximum of three per booth. Without badges, you will not be allowed in the exhibit area. List below all persons who will be working in your exhibit booth. Each booth comes with one complimentary meeting registration. Additional representative may attend at the pharmacists member rate. Please indicate which representative will be attending convention as an attendee. Please type or print.

Exl	hibit representative in charge	
1.	Name	
	Title	
	Email	
	Address	_ City, State, Zip
	Telephone	Cell Phone
	Please register as an attendee (see details above)	
Ad	ditional representatives:	
2.	Name	
	Title	
	Email	
	City, State, Zip	
	Please register as an attendee (see details above)	
3.	Name	
	Title	
	Email —	
	City, State, Zip	
	Please register as an attendee (see details above)	

2023 NORTHWEST PHARMACY CONVENTION

June 2, 2023 • The Coeur d'Alene Resort Golf Course

GOLF CLASSIC REGISTRATION

Feel like grabbing your clubs and taking a swing during the Golf Classic Friday, June 2nd? Please do! We're certain you'll enjoy playing this challenging course. **Green fees are \$195 per person if you register by April 1st. After April 1st, the rate is \$210.**

Don't miss the opportunity to sponsor one of the 18 holes on the renowned Coeur d'Alene Golf Course. Professional signage announcing your company's sponsorship will await golfers as they approach the hole of your choice. The cost is only \$500 per hole.

Yes, my company would like to sponsor a hole during the golf cl	lassic!		
\$500 - Hole \$750 - Floating Green			
Please indicate the hole you wish to sponsor: (Ass	igned on a first-come, first-served basis)		
Yes, we will be providing promotional give-a-ways during the go	olf		
classic (Approx 52 players)			
Items:			
Yes, we would like to participate in the Golf Classic.			
Number of golfers:			
Includes green fees, golf cart, practice balls, putting contest and	l awards.		
Company Name:			
Preferred foursome: (If not a company employee, please write "guest" ne	ext to name.)		
1			
34			
Total Golf Fee: \$			
Payment by Credit Card Visa Mastercard Discover	American Express		
Account #Exp.	Date Security Code		
Authorized Signature			
Payment by Check: Make payable to WSPA	25A		
Mail completed form and payment to:			
Northwest Pharmacy Convention	Appropriate golf attire required. No refunds. Golf fee must be submitted with		
c/o WSPA - Stephanie Van Dyke 411 Williams Ave. S	registration.		
Renton, WA 98057	(0) (0)		
Phone: 425-228-7171 Fax: 425-277-3897	2007		
Email: Stepahnie@wsparx.org Website: www.wsparx.org	The state of the s		