

Think outside the booth.



44TH ASHP MIDYEAR CLINICAL MEETING AND EXHIBITION
Venetian Hotel and Sands Expo Center
December 5-9, 2009

Job Postings and Space Assignments

Quantity of job postings requested: _____
(\$575 each through October 21; \$975 October 22 –December 4; \$1,100 December 5-9)

If you are only recruiting for one position, please indicate your preferred time slot: AM _____ PM _____

You may purchase additional booths. Quantity requested: _____
(Additional booths are \$500 each and may only be purchased in advance.)

Space Assignments

The PPS floor plan will be posted online in August. We will contact you in the order we received your application to choose your location.

Account and Contact Information

You will need an ASHP account to log in to the CareerPharm/PPS site. Please provide us with the ASHP ID (email address) and password for your CareerPharm/PPS account.

If you don't have an ID and Password we will create one for you.

ASHP ID (email address): _____ Password: _____

Contact Name: _____

Company Name: _____

(For use in publication and signage)

Address: _____ City/State/Zip: _____

Contact Phone: _____ Contact Fax: _____

Contact Email _____

(Person responsible for PPS correspondence if different from Account holder email)

Company Website: _____

Please answer the following:

We would like our space assignment published in the job listings book: Yes _____ No _____

Payment

Please fax your completed form to 301-634-5740.

Credit Card

Charge \$ _____ to my:

Visa _____ Mastercard _____ Discover _____ American Express _____

Account # _____ Exp: Date _____

Authorized Signature: _____

Check (Please do not mail checks until you receive an invoice):

Purchase Order/Reference Number (mandatory): _____

We agree to pay the following amount \$ _____ upon invoicing.

Authorized Signature: _____

If you decide you would like to order additional jobs, please call 301-576-4285 or email pps@ashp.org with your request. You do not need to submit another form.

ASHP Contact: Meredith Jannsen, 301-576-4285, mjannsen@ashp.org. Please fax your form to 301-634-5740.

For ASHP Use:

Date Received _____

Date Processed _____

