



AMCP 2017 NEXUS

Dallas, Texas

OCTOBER 16-19 • GAYLORD TEXAN
HOTEL & CONVENTION CENTER

- ACO/IDS/IDN
- Accreditation Agency
- Adherence Service Provider
- Association/Medical Society
- College/University
- Community Pharmacy
- Consulting Firm
- Data Analytics/Informatics
- EMR/Patient Management Software
- Government/Military
- HMO/PPO/Health Plan
- Home Care/Home Infusion
- Hospital/Health System
- Laboratory Services/Diagnostic Screening
- Long Term Care
- Managed Markets Agency
- Medical Education Company
- Medical/Physician Provider Group
- Medication Therapy Management/MTM
- Pharmaceuticals
- Publications (Journals, Magazines, Books)
- Specialty Pharmacy
- Wholesale/Distributor/Group Purchasing Organization
- Other (please specify)

Exhibit Space Contract

OCTOBER 16 – 19, 2017 (THE EXCHANGE DATES: OCTOBER 17 – 18)

COMPANY AND CONTACT INFORMATION *(Please type or print clearly)*

COMPANY NAME _____

COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF CONTACT _____ TITLE _____

TELEPHONE _____ FAX _____

CONTACT PERSON'S EMAIL ADDRESS _____

BOOTH SPACE FEES *(Please check the appropriate circle below)*

	Quantity	AMCP Corporate Member	Non-Corporate Member
<input type="radio"/> 10' x 10' standard	_____	\$3,875	\$4,600
<input type="radio"/> 10' x 10' corner	_____	\$4,125	\$4,850

Please reserve _____ booth space(s) checked above to be occupied solely by our organization at AMCP Nexus 2017, at the Gaylord Texan Hotel & Convention Center. Exhibiting company must be a member in good standing at the time of booth reservation to receive the discounted pricing.

Our preference for booth space(s) are:

FIRST CHOICE _____ SECOND CHOICE _____ THIRD CHOICE _____ FOURTH CHOICE _____

METHOD OF PAYMENT *(Please DO NOT EMAIL credit card information)*

Check made payable to AMCP or Wire Transfer for \$ _____ (in U.S. funds drawn on a U.S. Bank); AMCP Federal Tax Id: 22-3020486.

- Visa Mastercard American Express

CARD NUMBER _____ EXPIRATION DATE (MONTH/YEAR) _____

CARDHOLDER PRINTED NAME (AS IT APPEARS ON YOUR CARD) _____ CVS NUMBER (3 OR 4 DIGIT SECURITY) _____

CARDHOLDER TELEPHONE _____ CARDHOLDER EMAIL _____

CARDHOLDER SIGNATURE (REQUIRED)

Acceptance of Contract – The Contract for Exhibit Space must be completed in its entirety and accompanied by 50% of the payment for the total booth fee for the number of spaces requested before it will be processed or space assigned. If said Contract is accepted by AMCP, it shall become binding upon both AMCP and the exhibitor with respect to space assigned and the use thereof and all other matters included in the Contract and the Exhibit Rules and Regulations. Any point not specifically covered in these regulations is subject to the decision of AMCP, whose decision shall be final. The remaining 50% of the payment is due within 30 days after booth space allocation is confirmed. Payment must be made by check, credit card or money order, payable to AMCP.

General Rules – All rights and privileges granted Exhibitor hereunder are subject to and subordinated to a master lease between the Academy of Managed Care Pharmacy (hereinafter referred to as AMCP) and the Gaylord Texan Hotel & Convention Center and the policies, rules, and regulations of said Convention facility. This agreement provides a personal right to Exhibitor and creates no interest or estate in the Gaylord Texan Hotel & Convention Center or its equipment or facilities. Exhibitor will comply with all applicable federal, state, and municipal statutes, ordinances, regulations, rules, and requirements including without limitation laws applicable to patents, copyrights and trademarks, and all rules and regulations of the Gaylord Texan Hotel & Convention Center. Exhibitors will not mar, deface, or otherwise damage any area or equipment of the Gaylord Texan Hotel & Convention Center. Exhibitor assumes all responsibility of its exhibit personnel, employees, contractors, servants, agents, and for all persons admitted to the exhibit area using its exhibitor badges. Exhibitors will not discriminate against any person on account of race, creed, color, sex, religion, national origin, or physical or mental disability. See previous page for additional rules and regulations.

We agree to comply with all of the Exhibit Rules and Regulations outlined above and in this Prospectus.

MAIL COMPLETED CONTRACT WITH PAYMENT TO:

AMCP
ATTN: Joshua Maze
Assistant Director, National Meeting Sales

PRIOR TO DEC. 1, 2016: 100 North Pitt St., Ste 400
Alexandria, VA 22314
AFTER DEC. 1, 2016: 675 North Washington St., Ste 220
Alexandria, VA 22314

FOR QUESTIONS, PLEASE CONTACT JOSHUA AT:

jmaze@amcp.org
703/684-2619 – FAX: 703/683-8417

AMCP USE ONLY – EXCHANGE ID

DATE RECEIVED _____

PYMT TYPE _____ AMT RECEIVED _____

BOOTH # ASSIGNED _____ BOOTH SIZE _____