

**AMCP's 21<sup>st</sup> Annual Meeting & Showcase**  
**April 15-18, 2009**  
**Orlando, FL**

**DOOR DROP REQUEST FORM**

Companies that have a booth at AMCP's meeting, are sponsoring an AMCP-sanctioned Satellite Symposium, or sponsoring an event in conjunction with the meeting are eligible to conduct a door drop. To do so, your company must forward a sample of the material to AMCP for approval. If approved, AMCP will provide an authorization memo including the specific hotel contact information for making door drop arrangements. **The Method of Payment section below must be completed in order for the application to be considered, once approval has been granted you will be charged a fee of \$1,000.** This fee is separate from any of the hotel charges. AMCP-contracted hotels will require a copy of the approval memo from AMCP in order to process arrangements for the door drop. Pricing for the distribution is determined by the individual hotel property and those billing arrangements will be made directly between the company and the hotel.

**Contact Information**

|                             |  |               |  |             |
|-----------------------------|--|---------------|--|-------------|
| <b>Company:</b>             |  |               |  |             |
| <b>Contact:</b>             |  |               |  |             |
| <b>Mailing Address:</b>     |  |               |  |             |
| <b>City:</b>                |  | <b>State:</b> |  | <b>Zip:</b> |
| <b>Email:<br/>*required</b> |  |               |  |             |
| <b>Phone:</b>               |  | <b>Fax:</b>   |  |             |

Please complete this form along with a sample of the material to:

**Kristen Friend, Meetings Coordinator**

AMCP Meetings Department

100 North Pitt Street, Suite 400, Alexandria, VA 22314

phone: 703-683-8416 fax: 703-683-8417

email: kfriend@amcp.org

| Method of Payment  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Visa  | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| Card Number  | Expiration Date (month/year)        |   |
| Cardholder Printed Name<br><small>(as it appears on your card)</small> | Cardholder Signature                |   |

For AMCP use:  
 Approved: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Initials: \_\_\_\_\_