

APPLICATION FOR EXHIBIT SPACE

2010 MPA Annual Convention & Exposition Feb. 26 – 28, Marriott Hotel, Renaissance Center

Company Name or Organization: _____
 Mailing Address: _____
 City/State/Zip: _____
 Authorized Representative: _____
 Daytime Phone: _____
 E-mail: _____
 Fax: _____

Booth Fees

- 100 Row Booths \$1,375
- 200 Row Booths \$1,325
- 300 Row Booths \$1,250
- 400 Row Booths \$1,200
- 500 Row Booths \$1,125
- 600 Row Booths \$975
(designated for company interviews)

Booth Location Preferences

1. _____ 2. _____ 3. _____ 4. _____
Note: In the event that the space(s) chosen are unavailable, the exhibiting company agrees to accept the booth assigned.

Please indicate the descriptor that best identifies your company.

- Wholesaler
- Recruiter
- Technology
- Manufacturer
- Merchandiser
- Co-op

Please list any competitors you do not wish to be located near:

Exhibitor Registration

Please list the names, as they should appear on the badges, of the representatives who will be attending the convention (please print clearly). Booth registrations include four (4) complimentary registrations that are transferable. Representatives may receive continuing education (C.E.) credits throughout the entire convention at an additional fee of \$75 per exhibitor.

1. _____
 e-mail _____ C.E.
 2. _____
 e-mail _____ C.E.
 3. _____
 e-mail _____ C.E.
 4. _____
 e-mail _____ C.E.

Exhibit Booth Sign

A complimentary sign (7"x 44") with your company name and booth number will be provided, if requested two weeks prior to the exposition. Print name of company exactly as it should read on the sign.

No, we will not need a sign. Yes, we will need a standard sign to read:
 (name of company) _____

Method of Payment

TOTAL EXHIBITION FEES

Booth Fee(s)	\$ _____
Multi-Booth Discount (Booth Fees x .05)	- \$ _____
Exhibitor C.E. (____reps. x \$75)	+ \$ _____
Additional Representative(s) (____reps. x \$50)	+ \$ _____
TOTAL AMOUNT DUE \$ _____	

Upon acceptance of this application, all balances must be paid in full no later than Feb. 1, 2010, unless other arrangements have been made prior to Feb. 1, 2010.

Check enclosed for \$ _____ Visa/MasterCard/AMEX Account No.

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Exp. Date _____ CUV _____

Authorized signature of credit card holder

 \$500 Deposit only Full payment

Make checks payable to Michigan Pharmacists Association
 (Tax I.D. 38-0830740).

We hereby apply for exhibit space(s) for our use at the Michigan Pharmacists Association (MPA) Annual Convention & Exposition to be held at the Detroit Marriott, Feb. 26-28, 2010. We agree to comply with the exhibit rules and regulations as herein set forth on this application and in the Exhibitor Prospectus, including the withdrawal clause as set forth. We further agree that if, in the judgment of MPA, it becomes necessary to change the original allocation of space, MPA may do so either by verbal or written notification to the authorized representative listed above. We understand upon acceptance of the application by MPA, a contract consisting of this application, all terms incorporated by reference herein and the space assignment will be in full force and effect.

Cancellation and Refund Policy

Refunds (less \$150 administrative fee) will be granted for cancellations received in writing (postmark or fax date) prior to Jan. 11, 2010. Cancellations received Jan. 11, 2010, through Feb. 1, 2010, will be assessed an administrative fee equal to one-half of the booth fee. Refunds will not be granted due to inclement weather, cancellations received after Feb. 1, 2010, or no shows.

The authorized representative, acting on behalf of the company, acknowledges that the company is liable for all related exhibit fees unless the formal cancellation policy, as outlined in the prospectus, is followed. I hereby accept and will comply with all conditions as stated on both the application and in the Exhibitor Prospectus herein.

Printed Name of Authorized Representative

 Signature of Authorized Representative

 Date _____



MICHIGAN PHARMACISTS ASSOCIATION