**New this year,** NJPhA is offering exhibit space to EIGHT pharmacy industry product and service providers at our March Madness event in the Annunciation Center at the College of St. Elizabeth (Morristown, NJ) on March 12, 2016. March Madness is a one-day CE event attended by pharmacists and pharmacy technicians across all practice areas. This year, we are expecting 125 participants.

**CALLING ALL EARLY BIRDS** - $300 exhibit space until 2/12/2016. Complete exhibitor form below and payment form on page 2 and email to lsarachman@njpharma.org.

Exhibitor participation includes:

* One 6’ skirted, table-top booth space
* One event badge. Lunch included.
* Text listing on NJPhA website
* Text listing in March Madness program

**From 2/13/16 to 3/4/16** - $400 exhibit space. Complete exhibitor form below and payment form on page 2 and email to lsarachman@njpharma.org.

Notes: Exhibit hours are during lunch, from 11:00am until 12:30pm. Exhibitor set-up is 10:00am – 11:00am. Full exhibitor details (e.g., electric, etc.) will follow payment. In the interim, please provide us with special notes regarding booth placement, attendees, etc.

Special notes: Click here to enter text.

Company Name: Click here to enter text.

Type of Product or Service: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Exhibitor Badge 1 - Name: Click here to enter text. Email: Click here to enter text.

**Additional Badges at $50 each**

Exhibitor Badge 2 - Name: Click here to enter text. Email: Click here to enter text.

Exhibitor Badge 3 - Name: Click here to enter text. Email: Click here to enter text.



**QUESTIONS? PLEASE CALL THE NJPHA OFFICE AT 609.275.4246**

**OR EMAIL LISA SARACHMAN AT** [**LSARACHMAN@NJPHARMA.ORG**](mailto:LSARACHMAN@NJPHARMA.ORG)

**NJPhA March Madness 2016 - Exhibit Space Payment Form**

**☐** Standard booth $300/400

Payment Information: Total purchase: Click here to enter text.

**This box must be checked in order to process credit card payment & accept registration form**

**☐** I authorize the New Jersey Pharmacists Association to charge my credit card for the amount indicated directly below.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐VISA ☐Master Card ☐American Express ☐ Discover

Card Number: Click here to enter text.



Security Code: Click here to enter text. Expiration date: Click here to enter text.

Amount of charge: Click here to enter text. Signature: Click here to enter text.

☐Check enclosed: Payable to NJPhA; Check # Click here to enter text. Amount: Click here to enter text.

**Cancellation Policy:**

Exhibitors canceling booth space prior to February 12 will receive 100% refund less a $25 administration fee. Cancellations February 12 – 26 will receive a 50% refund less a $25 administration fee. Cancellations after February 26 will not receive a refund.