Complete exhibitor form below and payment form on page 2 until 8/31/2016: $1000

Participating in Exhibit Hall includes:

* One 8x10 booth with pipe and drape on three sides, a six-foot table and two chairs
* 2 full-conference badges. Option to audit all CE Programming. All meals and social events for 2.
* Text listing on NJPhA website
* Text listing in October convention program

Notes:

* Exhibit booth hours: 7:30am – 9:00am October 29 during breakfast

12:00pm – 1:30pm October 29 during lunch

6:00pm – 7:00pm October 29 +TONIC Rx Happy Hour event

7:00am – 8:30am October 30 including breakfast

* NEW! Networking at October 29 Installation and Awards Banquet

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.

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

**Additional Badges at $100 each**

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



Exhibitor Handbook with additional details to follow payment. In the interim, please provide us with special notes regarding booth placement, attendees, etc.

Special notes: 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)

**☐** Standard booth $1000 until August 31, 2016

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 September 1 will receive 100% refund less a $50 administration fee. Cancellations between September 1 and September 15 will receive a 50% refund less a $50 administration fee. Cancellations after September 15 will not receive a refund.

**\*\* Increase your awareness and access to qualified sales leads by adding an**

**event sponsorship to your exhibit booth contract. Download information on almost a dozen unique sponsorship opportunities at** [**www.njpharmacists.org**](http://www.njpharmacists.org) **\*\***