

EXHIBIT SPACE CONTRACT

AMCP MANAGED CARE & SPECIALTY PHARMACY ANNUAL MEETING 2018
 BOSTON CONVENTION & EXHIBITION CENTER • BOSTON, MA
 April 23 - 26, 2018 (Expo dates APRIL 24-26)

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

COMPANY NAME		COMPANY ADDRESS	
CITY	STATE	ZIP	
NAME OF CONTACT		TITLE	CONTACT PERSON'S EMAIL ADDRESS
TELEPHONE		WEBSITE	

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

	Quantity	AMCP Corporate Member	Non-Corporate Member		Quantity	AMCP Corporate Member	Non-Corporate Member
<input type="radio"/> 10' x 10' standard	_____	\$3,875	\$4,600	<input type="radio"/> 20' x 30' island	_____	\$25,225	\$29,525
<input type="radio"/> 10' x 10' corner	_____	\$4,125	\$4,850	<input type="radio"/> 20' x 40' island	_____	\$33,625 Members Only	
<input type="radio"/> 10' x 20' booth	_____	\$7,925	\$9,325	<input type="radio"/> 30' x 30' island	_____	\$40,000 Members Only	
<input type="radio"/> 10' x 30' booth	_____	\$12,000	\$14,000	<input type="radio"/> 30' x 50' island	_____	\$60,150 Members Only	
<input type="radio"/> 10' x 40' corner	_____	\$16,000	\$18,675	<input type="radio"/> 40' x 40' corner	_____	\$65,725 Members Only	
<input type="radio"/> 20' x 20' island	_____	\$17,000	\$19,625				

THE EXPO PARTNERSHIP PACKAGE *(view benefits listed under Sponsorships, on page 19)*

	Quantity	AMCP Corporate Member	Non-Corporate Member
<input type="radio"/> Expo Partnership Package - 10' x 10' standard	_____	\$15,000	\$18,500

Please reserve _____ booth space(s) checked above to be occupied solely by our organization at AMCP Managed Care & Specialty Pharmacy Annual Meeting, at the Boston Convention & Exhibition Center. Exhibiting company must be a member in good standing at the time of booth reservation and by April 20, 2018 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)	CVS NUMBER (3 OR 4 DIGIT SECURITY)
CARDHOLDER PRINTED NAME (AS IT APPEARS ON YOUR CARD)	CARDHOLDER SIGNATURE (REQUIRED)	
CARDHOLDER TELEPHONE	CARDHOLDER EMAIL	

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 BCEC 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 BCEC 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 BCEC. Exhibitors will not mar, deface, or otherwise damage any area or equipment of the BCEC. 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.

SIGNATURE	DATE
-----------	------

PRODUCT CATEGORY :

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

AMCP USE ONLY – EXPO ID

DATE RECEIVED _____

PYMT TYPE _____ AMT RECEIVED _____

BOOTH # ASSIGNED _____

BOOTH SIZE _____

MAIL COMPLETED CONTRACT WITH PAYMENT TO:
 AMCP
 ATTN: Joshua Maze
 ASSISTANT DIRECTOR, NATIONAL MEETING SALES
 675 N. Washington St., Ste. 220
 ALEXANDRIA, VA 22314

FOR QUESTIONS, PLEASE CONTACT JOSHUA AT:
jmaze@amcp.org
 703/684-2619
 FAX: 703/683-8417