

SPONSORSHIP COMMITMENT FORM

AMCP MANAGED CARE & SPECIALTY PHARMACY ANNUAL MEETING 2018
BOSTON CONVENTION & EXHIBITION CENTER • BOSTON, MA • April 23 - 26, 2018

MY COMPANY WILL BE A SPONSOR OF THE ANNUAL MEETING 2018. WE WOULD LIKE TO SPONSOR THE FOLLOWING ITEMS:

ITEM	FEE
ITEM	FEE
ITEM	FEE
ITEM	FEE
ITEM	FEE
TOTAL:	\$ _____

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

COMPANY NAME AS YOU WANT IT TO APPEAR IN THE PROGRAM — IMPORTANT! _____

NAME OF CONTACT PERSON _____ TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME TELEPHONE _____

E-MAIL ADDRESS [IMPORTANT!] _____

SIGNATURE OF CONTACT _____ DATE _____

Right of first refusal will be offered to prior year sponsors. After these selections have been confirmed, all remaining sponsorship opportunities will be available on a first-come, first-served basis. Sponsorship will not be confirmed until written request is received. Payment in full is due within 30 days after sponsorship requests have been confirmed.

<p>FOR AMCP OFFICE USE</p> <p>_____</p> <p>CHECK DATE RECEIVED</p> <p><input type="checkbox"/> Bronze</p> <p><input type="checkbox"/> Gold</p> <p><input type="checkbox"/> Silver</p> <p><input type="checkbox"/> Platinum</p>	<p>Member:</p> <p>_____ + \$5,000 =</p> <p>\$ _____</p> <p>Non-Member:</p> <p>\$ _____</p> <p>NOTES</p> <p>_____</p> <p>_____</p>	<p>FAX/MAIL THIS FORM AND SEND PAYMENT TO:</p> <p>AMCP</p> <p>Joshua Maze</p> <p>Assistant Director, National Meeting Sales</p> <p>675 N. Washington St., Ste. 220</p> <p>Alexandria, VA 22314</p> <p>Phone: 703/684-2619</p> <p>Fax 703/683-8417</p> <p>jmaze@amcp.org</p>
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