



# AMCP 2017 NEXUS

Dallas, Texas

OCTOBER 16-19 • GAYLORD TEXAN  
HOTEL & CONVENTION CENTER

## Science & Innovation Theater Contract

OCTOBER 16 – 19, 2017 • DALLAS, TX

The proposed program length must not exceed the time frames listed below.

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

|   |       |             |
|---|-------|-------------|
| COMPANY NAME (AS YOU WANT IT TO APPEAR IN THE PROGRAM)          |       | BOOTH #     |
| NAME OF CONTACT PERSON  |       | TITLE       |
| ADDRESS   |       |             |
| CITY  | STATE | ZIP         |
| DIRECT TELEPHONE  |       | FAX         |
| CONTACT PERSON'S EMAIL ADDRESS (REQUIRED)                       |       | WEB ADDRESS |
| IF COMPANY EXHIBITS AT AMCP UNDER A DIFFERENT NAME, WHAT IS IT? |       |             |

### THEATER TIME SLOT PREFERENCES *(Please rank your preferred time. Times subject to change.)*

| Preferred | Day                           | Time                |
|-----------|-------------------------------|---------------------|
| _____     | Slot 1, Wednesday, October 18 | 12:00 PM – 12:30 PM |
| _____     | Slot 2, Wednesday, October 18 | 12:45 PM – 1:15 PM  |
| _____     | Slot 3, Wednesday, October 18 | 1:30 PM – 2:00 PM   |

Select Preferred Theater Location:  Theater #1  Theater #2

### FEES *(Please check the appropriate circle below)*

AMCP Corporate Member\* \$27,000  Non-Corporate Member \$36,000

\* Must have been a Corporate Member in good standing as of April 3, 2017, to receive the discounted pricing.

### METHOD OF PAYMENT *(Please DO NOT EMAIL credit card information)*

Please be sure to read through the notes, terms and conditions listed in the box on the left.

### Full payment is due with all applications received after July 18, 2017.

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) \_\_\_\_\_

CARDHOLDER PRINTED NAME (AS IT APPEARS ON YOUR CARD) \_\_\_\_\_ CVS NUMBER (3 OR 4 DIGIT SECURITY) \_\_\_\_\_

CARDHOLDER TELEPHONE \_\_\_\_\_ CARDHOLDER EMAIL \_\_\_\_\_

I, the undersigned, authorize the Academy of Managed Care Pharmacy to charge my credit card.

CARDHOLDER SIGNATURE (REQUIRED) \_\_\_\_\_

### FAX/MAIL THIS FORM AND SEND PAYMENT TO:

AMCP  
ATTN: Joshua Maze  
Assistant Director, National Meeting Sales

### FOR QUESTIONS, PLEASE CONTACT JOSHUA AT:

[jmaze@amcp.org](mailto:jmaze@amcp.org)  
703/684-2619 – FAX: 703/683-8417

### PLEASE NOTE:

\* Two (2) Science & Innovation Theaters will be conducted per time slot. All space and time slots will be scheduled by AMCP. Companies are limited to two (2) Science & Innovation Theaters.

### PAYMENT METHOD – CHECK OR WIRE TRANSFER:

50% of Science & Innovation Theater fee is due with application. Upon assignment of a time slot, AMCP will invoice the Participant for the remaining balance; due 30 days from date of invoice or July 18, 2017, whichever date is earlier.

### PAYMENT METHOD – CREDIT CARD:

AMCP will charge the credit card provided 50% of the total amount due with your submitted application, and the balance will be charged 30 days from date of invoice or July 18, 2017, whichever date is earlier.

### TERMS & CONDITIONS:

- Only participating exhibiting companies in good standing, as of April 3, 2017, with AMCP are permitted to submit an application for a time slot. Participating companies must settle any outstanding balances in order for their applications to be considered.
- This application will not become a binding Contract until a time slot is assigned and this application is approved and signed by AMCP.

### AGREEMENT:

I, the undersigned, hereby make application for a time slot in the Science & Innovation Theater at AMCP Nexus 2017. I am an authorized representative of the company with the full power and authority to sign and deliver this Application. My signature below verifies that I have read and understand the conditions of this contract as well as the terms and conditions contained in the "Science & Innovation Theater Rules & Regulations" section of this prospectus. By signing below, the company listed on this Application agrees to comply with the policies, rules and regulations contained in the AMCP Exchange Prospectus, the Exhibitor Service Kit, the Science & Innovation Theater Rules & Regulations and all policies, rules and regulations adopted by AMCP hereinafter. By signing below, I also indicate my company's agreement to be bound by support fees and all such terms and conditions. I further understand the AMCP Science & Innovation Theater payment and cancellation policy.

AUTHORIZED OFFICER'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_

AUTHORIZED OFFICER'S SIGNATURE (REQUIRED) \_\_\_\_\_

DATE \_\_\_\_\_

PRIOR TO DEC. 1, 2016:  
100 North Pitt St., Ste 400  
Alexandria, VA 22314

AFTER DEC. 1, 2016:  
675 North Washington St., Ste 220  
Alexandria, VA 22314