

# SCIENCE & INNOVATION THEATER CONTRACT

In order to host a Science & Innovation Theater, you **MUST** be an exhibitor.

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

COMPANY NAME (AS YOU WANT IT TO APPEAR IN THE PROGRAM) \_\_\_\_\_ BOOTH \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

DIRECT TELEPHONE \_\_\_\_\_

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 times, 1-3. Times subject to change.)*

Preferred	Day	Time	
_____	Slot 1, Thursday, October 31	12:00 PM – 12:30 PM	The proposed program length must not exceed the time frames listed.
_____	Slot 2, Thursday, October 31	12:45 PM – 1:15 PM	
_____	Slot 3, Thursday, October 31	1:30 PM – 2:00 PM	

## 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 submitting contract, 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 26, 2019.

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 # (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) \_\_\_\_\_

**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.

**Send payment to:**  
AMCP  
ATTN: Joshua Maze  
Assistant Director, National Meeting Sales  
675 North Washington St., Ste 220  
Alexandria, VA 22314  
or [jmaze@amcp.org](mailto:jmaze@amcp.org)

**For questions, please contact Joshua at:**  
[jmaze@amcp.org](mailto:jmaze@amcp.org)  
Phone: 703/684-2619

### 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 26, 2019, 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 26, 2019, whichever date is earlier.

### TERMS & CONDITIONS:

1. Only participating exhibiting companies in good standing, as of submission of this contract 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.
2. 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 2019. 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

Subject to federal laws and regulations, attendance at certain sessions is restricted to payors, formulary committee, or other similar entity representatives with knowledge and expertise in the area of health care economic analysis, carrying out responsibilities for the selection of drugs for coverage or reimbursement. For more information, please visit: [www.amcpmeetings.org/preapproval-information-exchange/](http://www.amcpmeetings.org/preapproval-information-exchange/).