Exhibitor Registration Form
Get your brand in front of our attendees!



Exhibit Choice	⬜ 10x10 Standard Exhibit Booth: $2,650 **Sponsor Package (includes booth):** ⬜ Platinum ($22,000) ⬜ Gold ($12,000) ⬜ Silver ($9,000)
Sponsorships	⬜ Break Sponsor ($6,000) - *only 1 available* ⬜ Lunch Symposium ($10,000) - *only 1 available*
Advertising	⬜ Website Ad ($_____) - *see Advertising for pricing*

Please provide company information **as you would like it to appear** in the program book and on meeting signage:

Company: _____ **Contact Name:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Phone: _____ **Email:** _____

Booth Number Request: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

(Booth numbers will be confirmed within 48 hours of receipt of Registration Form, unless registering online)

Companies you wish to be **away** from: _____

By signing, I accept the following terms in the FSHP Exhibitor Rules and Regulations. Exhibitor understands that, upon acceptance by FSHP, this Registration Form serves as a contract between FSHP and the Exhibitor.

Signature: _____ **Date:** _____

Total Fees: $_____ **Payment Method:** ⬜ Credit Card *(see registration link below)* ⬜ Check *(send to address below)*

For credit card payments: Register Online 👉 **FSHP.org/LC2027-Exhibits**

For check payments: complete the form and mail *or email* to: Florida Society of Health-System Pharmacists, Inc

Mail: 2910 Kerry Forest Pkwy D4, Suite 376 Tallahassee, FL 32309 | **Phone:** 850-906-9333 | **Email:** tamekia@fshp.org

Cancellation & Refund Policy: *Refunds (less $500 admin fee) will be granted for cancellations received in writing prior to July 1.*