

SCIENCE & INNOVATION THEATER CONTRACT

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

AMCP MANAGED CARE & SPECIALTY
PHARMACY ANNUAL MEETING 2018

Boston Convention & Exhibition Center
BOSTON, MA • April 23 - 26, 2018

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			
CONTACT PERSON'S EMAIL ADDRESS (REQUIRED)	WEB ADDRESS		

IF COMPANY EXHIBITS AT AMCP UNDER A DIFFERENT NAME, WHAT IS IT?

PREFERRED TIME SLOT *(Please rank your preferred date and time. Times subject to change.)*

Preferred	Day	Time	Preferred	Day	Time	Select Preferred Theater Location:
_____	Slot 1, Wednesday, March 29	12:00 PM – 12:30 PM	_____	Slot 4, Thursday, March 30	9:45 AM – 10:15 AM	<input type="radio"/> Theater #1
_____	Slot 2, Wednesday, March 29	12:45 PM – 1:15 PM	_____	Slot 5, Thursday, March 30	10:30 AM – 11:00 AM	<input type="radio"/> Theater #2
_____	Slot 3, Wednesday, March 29	1:30 PM – 2:00 PM				

FEES *(Please check the appropriate circle below)*

AMCP Corporate Member* (\$27,000)

Non-Corporate Member (\$36,000)

* Must be a Corporate Member in good standing by April 20, 2018, 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 below. **Full payment is due with all applications received after January 23, 2018.**

Check made payable to AMCP or Wire Transfer for \$ _____ (in U.S. funds drawn on a U.S. Bank). 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 TELEPHONE	CARDHOLDER EMAIL

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

CARDHOLDER SIGNATURE (REQUIRED)

FAX OR SCAN/EMAIL COMPLETED CONTRACT TO:

AMCP
ATTN: JOSHUA MAZE
ASSISTANT DIRECTOR, NATIONAL MEETING SALES
703/684-2619 • Fax 703/683-8417 • jmaze@amcp.org

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 January 23, 2018, 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 January 23, 2018, whichever date is earlier.

TERMS & CONDITIONS:

- Only participating exhibiting companies in good standing, as of April 20, 2018, 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 the AMCP Annual Meeting 2018. 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 Annual Meeting 2018 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