

Associate/Supplier/Exhibitor Booth Space Application Form

Exhibit Hall Booth Fees

Booth personnel must register separately using the **Associate/Supplier Registration Form**.

NACDS Member

Booth fee does not include registration fee for any booth personnel.

Booth Size	Inline	Corner
10x10	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$4,900
10x20	<input type="checkbox"/> \$8,750	<input type="checkbox"/> \$10,650
10x30	<input type="checkbox"/> \$13,000	<input type="checkbox"/> \$15,900
10x40	<input type="checkbox"/> \$17,000	<input type="checkbox"/> \$21,500
<input type="checkbox"/> 20x20	\$23,700	
<input type="checkbox"/> 20x30	\$34,900	
<input type="checkbox"/> 20x40	\$46,500	
<input type="checkbox"/> 20x50	\$58,250	
<input type="checkbox"/> 30x30	\$52,400	
<input type="checkbox"/> 30x40	\$69,900	
<input type="checkbox"/> 30x50	\$86,500	
<input type="checkbox"/> 40x40	\$93,150	

Custom booth sizes are available upon request. Please call (703) 837-4320.

Custom size: _____ x _____ \$ _____

* Island booths that are two stories high or hang an overhead sign must submit for approval by Monday, July 23, 2012. Provide a description and schematic/photo of each to NACDS Exhibit Management and Freeman. (See Section II, of the Rules & Regulations.)

Non-member

10' x 10' \$8,100

To discuss benefits of membership, please call the NACDS Exhibits Department at (703) 837-4320.

Private Meeting Space

_____ 12' x 12' \$9,100

(Please indicate the number of private meeting spaces you are interested in purchasing on the line above)

See Section II, of "Rules & Regulations" for Private Meeting Space Restrictions.

Payment Method Credit Card Check

Credit Card    

Credit Card #: _____

Exp. Date: _____

Card Identification Number (CVV2): _____
(Visa, MasterCard and Discover: 3 digits on back - American Express: 4 digits on front)

Authorized Purchase Amount: _____

Name: _____

Signature: _____

Return form to NACDS, P.O. Box 34814, Alexandria, VA 22334-0814

Mail your forms via the U.S. Postal Service First Class, Priority Mail or Express Mail only. Other overnight delivery services (FedEx, UPS, etc.) cannot deliver to this address.

FOR NACDS USE ONLY	Date	Amount	Check #
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Individual Completing Form

Name: _____ Title: _____

Telephone: _____ Ext.: _____

To Reserve Booth Space

- Online registration and payment is available at the conference website www.RxConference.org.
 - Click on "Exhibitors", then "Exhibit Information"
 - Click on "Purchase Online"
 - Please complete this form in its entirety.
 - Forward check or credit card payment for the full booth fee with this form or a copy of your online invoice.
 - Make checks payable to "NACDS" and return to the address listed below.
 - Read all "Rules and Regulations" online at www.RxConference.org.
- Apply now for the best location possible.

Company Information

First-Time Exhibitor? Yes No

Company: _____

Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Phone: _____ Ext.: _____

Fax: _____

Company Home Page Address: _____

Booth Logistics Coordinator

Please provide the name of your company's Booth Logistics Coordinator. This person is responsible for Booth Logistics (i.e., shipping, set-up, move-out, booth amenities) and is the individual who should receive the exhibitor kit. (List only an employee of your company. I&D companies may receive duplicate information if requested separately.)

Name: _____

Address (if different from above): _____

City: _____ State: _____

Zip: _____ Country: _____

Phone: _____ Ext.: _____

Fax: _____

E-mail: _____

On behalf of the exhibiting company, the undersigned individual, who has the authority to ratify this exhibit contract, has read and accepts all conditions of the NACDS "Rules and Regulations" located online at www.RxConference.org.

Name: _____ Title: _____

Signature: _____

Federal Tax ID# 13-5582579

Exhibit Questions

Please call the NACDS Exhibits Department at (703) 837-4300, ext. 3.

Associate/Supplier Information

Booth Space Application Form

Company Name _____

Product Category Ranking/Product Selection

To assist in your booth placement, rank your categories in order of preference using the (___) next to each category header. The primary (1) category will determine the section of the Exhibit Hall in which your booth is placed; therefore, please select only one primary category. Rank the remaining applicable categories. For product information, please check the appropriate box(es) to indicate the groups of products or services that apply to your company. Choose Brand Name and/or Private Label for each product.

BRAND NAME	PRIVATE LABEL		BRAND NAME	PRIVATE LABEL	
		Health Care/OTC			Pharmacy Operations Equipment and Services - continued
<input type="radio"/>	<input type="radio"/>	Air Cleaners	<input type="radio"/>	<input type="radio"/>	Pharmacy Clinical/Marketing Programs
<input type="radio"/>	<input type="radio"/>	Allergy	<input type="radio"/>	<input type="radio"/>	Pharmacy Compounding Products and Services
<input type="radio"/>	<input type="radio"/>	Analgesics (External)	<input type="radio"/>	<input type="radio"/>	Pharmacy Computer Dispensing/Patient Care Management Systems
<input type="radio"/>	<input type="radio"/>	Analgesics (Internal)	<input type="radio"/>	<input type="radio"/>	Pharmacy Computer Hardware
<input type="radio"/>	<input type="radio"/>	Contraception/Family Planning	<input type="radio"/>	<input type="radio"/>	Pharmacy Database and Information Vendors
<input type="radio"/>	<input type="radio"/>	Cough and Cold	<input type="radio"/>	<input type="radio"/>	Pharmacy Drive-thru Window Suppliers
<input type="radio"/>	<input type="radio"/>	Diet Aids	<input type="radio"/>	<input type="radio"/>	Pharmacy Integrated Voice Response Systems
<input type="radio"/>	<input type="radio"/>	Digestives/Antigas/ Antidiarrheal	<input type="radio"/>	<input type="radio"/>	Pharmacy Inventory Management Systems
<input type="radio"/>	<input type="radio"/>	Dose Aids	<input type="radio"/>	<input type="radio"/>	Pharmacy Point-of-Sale (POS)
<input type="radio"/>	<input type="radio"/>	Ear Accessories	<input type="radio"/>	<input type="radio"/>	Pharmacy Prescription Claim Clearinghouses (Switch Companies)
<input type="radio"/>	<input type="radio"/>	Ear Medications	<input type="radio"/>	<input type="radio"/>	Pharmacy Prescription Processing Supplies and Containers
<input type="radio"/>	<input type="radio"/>	Eye/Contact Lens Care	<input type="radio"/>	<input type="radio"/>	Pharmacy Professional Education/Continuing Education Service Provider
<input type="radio"/>	<input type="radio"/>	First Aid/Wound Care	<input type="radio"/>	<input type="radio"/>	Pharmacy Repackaging Equipment and Services
<input type="radio"/>	<input type="radio"/>	Foot Care	<input type="radio"/>	<input type="radio"/>	Pharmacy Reverse Distribution
<input type="radio"/>	<input type="radio"/>	Health Care Appliances	<input type="radio"/>	<input type="radio"/>	Pharmacy Services-Other
<input type="radio"/>	<input type="radio"/>	Humidifiers	<input type="radio"/>	<input type="radio"/>	Pharmacy Staffing Agencies
<input type="radio"/>	<input type="radio"/>	Incontinence Products	<input type="radio"/>	<input type="radio"/>	Pharmacy/Physician Connectivity Vendors
<input type="radio"/>	<input type="radio"/>	Liquid Adult Nutritionals			Pharmacy Products
<input type="radio"/>	<input type="radio"/>	Ointments	<input type="radio"/>	<input type="radio"/>	Biotechnology Pharmaceuticals
<input type="radio"/>	<input type="radio"/>	Pediculicides and Accessories	<input type="radio"/>	<input type="radio"/>	Brand Name Pharmaceuticals
<input type="radio"/>	<input type="radio"/>	Sleep Aids	<input type="radio"/>	<input type="radio"/>	Diabetic Care (Medicines)
<input type="radio"/>	<input type="radio"/>	Smoking Cessation Products	<input type="radio"/>	<input type="radio"/>	Generic Pharmaceuticals
<input type="radio"/>	<input type="radio"/>	Sports Nutritionals	<input type="radio"/>	<input type="radio"/>	Patient Compliance Devices
<input type="radio"/>	<input type="radio"/>	Thermometers	<input type="radio"/>	<input type="radio"/>	Pharmacy Consumer Healthcare Publications
<input type="radio"/>	<input type="radio"/>	Vaporizers			Services
<input type="radio"/>	<input type="radio"/>	Vitamins, Minerals, and Supplements	<input type="radio"/>	<input type="radio"/>	Database and Information Vendors
<input type="radio"/>	<input type="radio"/>	Women's Health/Feminine Hygiene	<input type="radio"/>	<input type="radio"/>	Financial/Inventory Management/Computer Systems
		Home Health Care	<input type="radio"/>	<input type="radio"/>	Human Resources/Personnel
<input type="radio"/>	<input type="radio"/>	Diabetic Care (Supplies and Devices)	<input type="radio"/>	<input type="radio"/>	In-Store Marketing
<input type="radio"/>	<input type="radio"/>	Durable Medical Equipment (Bath Safety/Mobility Aids)	<input type="radio"/>	<input type="radio"/>	Marketing/Consulting Services
<input type="radio"/>	<input type="radio"/>	Home Diagnostics	<input type="radio"/>	<input type="radio"/>	Medicare Part D
<input type="radio"/>	<input type="radio"/>	Home Health Care-Other Supplies and Equipment	<input type="radio"/>	<input type="radio"/>	Point-of-Purchase Displays/Store Fixtures
<input type="radio"/>	<input type="radio"/>	Home Infusion Supplies	<input type="radio"/>	<input type="radio"/>	Reverse Logistics Provider
<input type="radio"/>	<input type="radio"/>	Ostomy Supplies	<input type="radio"/>	<input type="radio"/>	Store Fixtures and Equipment
<input type="radio"/>	<input type="radio"/>	Sports Wraps, Supports, Trusses, and Elastic Stockings	<input type="radio"/>	<input type="radio"/>	Store Protection/Security
		Personal Care/HBC	<input type="radio"/>	<input type="radio"/>	Trade Magazines
<input type="radio"/>	<input type="radio"/>	Oral Hygiene			
<input type="radio"/>	<input type="radio"/>	Skin Care Products and Lotions (Female)			
<input type="radio"/>	<input type="radio"/>	Skin Care Products and Lotions (Male)			
		Pharmacy Operations Equipment and Services			
<input type="radio"/>	<input type="radio"/>	Pharmacy Automation			
<input type="radio"/>	<input type="radio"/>	Pharmacy B2B E-Commerce Products and Services			
<input type="radio"/>	<input type="radio"/>	Pharmacy Benefit Management Services			
<input type="radio"/>	<input type="radio"/>	Pharmacy Care/Disease State Management Companies			

Associate/Supplier Information

Booth Space Application Form

Booth Location Preference

A preliminary Exhibit Hall floorplan is enclosed. Your booth preferences will be used to help us understand the type and general area you find most desirable. Actual assignment of space will be based on product category, size of the booth, historical participation, historical compliance with the "Rules & Regulations" and the date the booth space application form is received. All exhibit booth space will be assigned at the sole discretion of NACDS.

Booth Preferences

1 _____ 4 _____
2 _____ 5 _____
3 _____ 6 _____

We prefer that our booth not be located next to:

1 _____ 3 _____
2 _____ 4 _____

Other Special Requests

Please complete all information below. The information you provide may be a key factor regarding a retailer's decision to make an appointment with your company.

(Please type or print clearly. Information is required to publish your company's profile in conference material and on the 2012 Pharmacy and Technology website.)

Conference Appointment Contact

Company Name: _____
Name: _____
Phone: _____
E-mail: _____

Approximate Annual Dollar Volume (Please check one)

Under \$5M \$5M-\$25M \$25M-\$50M \$50M-\$250M \$250M-\$1B Over \$1B

Prefer not to disclose. (Please check this box if you do not wish your Annual Dollar Volume to be published. Annual Sales information will be published unless you check this box.)

Privately Held Publicly Held

Top Products by Name

1 _____ 4 _____
2 _____ 5 _____
3 _____ 6 _____

Years in Business _____

The above information will be used to advise retailers of exhibitors' participation and to promote the conference. NACDS reserves the right to edit all submissions and accepts no liability for the validity of any information reported.