



INDIANA PHARMACISTS ALLIANCE
729 N PENNSYLVANIA ST
INDIANAPOLIS IN 46204-1128

SPRING CPE MEETING

Exhibit Day: April 10, 2010 at the Star Plaza in Merrillville, Indiana

- EXHIBITS '10 ▶ 1.5 Hours devoted to Exhibits and Posters
- EXHIBITS '10 ▶ Reach pharmacists and pharmacy leaders from multiple practice settings. Student Pharmacists will also be in attendance.

EXHIBIT HOURS

EXHIBIT HALL will only be open one day for 1.5 hours dedicated to exhibits and poster presentations. You will be notified of set-up and tear down times at a later date. Show times will be from 11:45 am – 1:15 pm. During the EXHIBITS, attendees will enjoy a boxed lunch at a designated station in the Exhibit Hall. Exhibitors will have an opportunity to have lunch after exhibit hours close.

EXHIBIT SPACE

Booth spaces are 10' deep by 10' wide, which includes a 6' skirted table, two chairs and wastebasket. Booth assignment will be issued according to date application is received and the space preference supplied by the exhibitor on application. Recruiters are welcome. Exhibit Room layout is subject to change without notice. Booth fees are as follows:

EARLY BIRD – Register by February 26, 2010.....	\$350
REGULAR FEE – Register from Feb. 27, 2010 thru March 24, 2010.....	\$400
LATE REGISTRATION – Register after March 24, 2010.....	\$450

TERMS

Exhibit fees must be PAID IN FULL when submitting application to exhibit. No refunds will be made if space engaged is not used nor any refund for space used part-time, or for space canceled two weeks prior to show. Two or more firms may NOT exhibit in single exhibit space. In the event the entire exhibit hall is sold out, the IPA will refund 100% of the cancelled exhibitor's payment. Refund policy is as follows:

45 days or more prior to event - 100% refund ♦ 44-26 days prior to event - 50% refund ♦ 25 days or less – No Refunds

LIABILITY/SECURITY

No part of any exhibit, or sign relating thereto, shall be pasted, nailed, or otherwise be attached to the walls, background, doors, etc., in any way as to deface same. Damage arising by a failure to observe these rules shall be paid by the exhibitor. The rights and privileges of any exhibit shall not be infringed upon by another exhibitor. Booths must be set-up and manned during exhibit hours. The Alliance will take reasonable precautions to safeguard exhibitors property; however, we assume no liability whatever for loss or damage.

BOOTH ASSIGNMENT

Booths are assigned by date application is received and by type (RE: Manufacturer, Wholesaler, etc) so as not to be in proximity of a competitor. We will make every effort to arrange exhibitors as requested. No guarantees will be made for late registrations. Exhibitors will be listed in the Official Meeting Program. Advertising in our Official Meeting Program is another way to get that pharmacist to your booth. Program Ad Deadline is April 1st, 2010.

Program Ad fees as follows:

Full Page Ad.....	\$100
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EXHIBITOR HOTEL RATES

The Radisson Hotel at Star Plaza in Merrillville, Indiana, has confirmed the following special overnight guest room rates: \$109 plus tax. Please note: In the event a guest who has reserved a room within "groups" (Indiana Pharmacists Alliance) guest room block checks out prior to the guest's reserved checkout date, an early departure fee of one night's room rental will be charged to that guest's individual account.

KEEP UP WITH EVENTS AND MEETINGS PRESENTED BY THE ALLIANCE ALL YEAR LONG!

ALLIANCE ASSOCIATE MEMBERSHIP

Associate Membership Fee - \$250 annually

Keep up with events and meetings presented by the Alliance all year long by having access to our website which has online information, applications and registration forms for all Alliance events as they become available. The Alliance offers Continuing Pharmacy Education (CPE) opportunities for pharmacists and pharmacy technicians, as well as legislative representation on important pharmacy issues in Indiana. Make sure you have updated information to reach the pharmacists you are looking to reach!

SPONSORSHIP OPPORTUNITIES

- Continental Breakfast (1)
 - \$1000
 - *Sign with your Company Name and Logo will be displayed on breakfast table during meal*
 - *Company will be recognized in Official Meeting Program*

- Joseph E. McSoley Scholarship Luncheon (1)
 - \$2000
 - *Complimentary 8'x10'booth in the exhibit hall*
 - *Sign with your Company Name and Logo will be displayed at room entrance during Luncheon and Scholarship presentations (1.5 hr.)*
 - *Company will be recognized in Official Meeting Program*

- Networking Refreshment Break (1)
 - \$500 - Afternoon Networking Refreshment Break
 - *Sign with your Company Name and Logo will be displayed on Break table*
 - *Company will be recognized in Official Meeting Program*

- Additional Meeting Marketing Tools to get your name in front of attendees
Company name and/or logo will be displayed along with IPA's
 - Lanyards - \$200
 - Meeting Bags - \$325 [THIS OPPORTUNITY HAS BEEN SPONSORED]

**WE LOOK FORWARD TO YOU JOINING US AT THE
RADISSON STAR PLAZA - MERRILLVILLE , INDIANA ON APRIL 10, 2010**



2010 IPA SPRING CPE MEETING
April 10, 2010 – Radisson Star Plaza in Merrillville, Indiana
EXHIBITOR REGISTRATION FORM

EXHIBITOR INFORMATION		Federal Tax ID #35-0410860
Exhibiting Company		
Address		
City/St/Zip		
Company Phone		
Company Category	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Technology <input type="checkbox"/> Other _____	
Contact Rep Name		
Contact Address		
Contact City/St/Zip		
Contact Phone		
Contact Fax		
Contact Email		
Booth Rep Names	(1)	(3)
	(2)	(4)
Exhibitors from whom we desire booth separation:		

Item	Quantity	Fee	Amount Due
BOOTH FEES		\$	\$
EARLY BIRD – By 2/26/10.....			\$350
REGULAR FEE – From 2/27/10 thru 3/24/10.....			\$400
LATE REGISTRATION After 3/24/10.....			\$450
How many lunches will you need? >>>>>>>>		N/C	N/C
ASSOCIATE MEMBERSHIP FEE - \$250		\$	\$
SPONSORSHIP (See list included in email)	Which Event?:		\$
Official Meeting Program AD - \$100	<i>DIRECT THEM TO YOUR BOOTH!</i> ▶▶▶▶▶▶▶▶		\$
TOTAL AMOUNT DUE			\$
PAYMENT BY CREDIT CARD – <u>Fee must be paid-in-full upon registration</u>		<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
Card No.	Expiration Date:	Code:	
Authorized Signature (required for all charges):			

Mail or fax this registration form to:
Indiana Pharmacists Alliance - 729 N. Pennsylvania St. – Indianapolis, IN 46204-1128
Questions? Call IPA at (317) 634-4968 • Fax (317) 624-4405 • Web site: www.indianapharmacists.org
 Alliance Exhibits Contact: Carol S. Dunham, Meeting Coordinator
ipacarol@indianapharmacists.org

To purchase Electric, Internet Connection, or additional materials for your booth, please contact:

DISPLAY CONTACT AT Radisson Star Plaza	
Contact Name	Kori Barancyk, Event Coordinator at Radisson Star Plaza
Contract Phone	219-757-3581