

**PLEASE RETURN COMPLETED FORMS TO WSPA**

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The Washington Pharmacy Community will be at the Hilton Vancouver, WA for WSPA's 2010 Annual Meeting Nov. 5-6. We expect more than 200 health care professionals from all practice settings -- hospital pharmacy, retail, chain, independent pharmacy owners and long-term care. The meeting will feature an Awards Banquet Saturday, Nov. 6 at 6:30 p.m. which will include award presentations and installation of the 2010-11 Board of Directors. Tickets to the Awards Banquet can be purchased for an additional \$60 per person.

Our exhibitor display program allows representatives to meet face to face with pharmacy professionals in a relaxed and educational atmosphere. In addition to top-notch speakers and continuing education programs, the agenda includes exclusive Exhibit Hall hours.

**Friday, November 5, 2010**

10 a.m. - Noon            Exhibit Hall Set Up (Skirted 6' display table, two contour chairs and electrical outlet.)  
 Noon - 6 p.m.            Exhibit Hall  
 5 - 6 p.m.                Exhibit Hall Happy Hour

**Hilton Vancouver, WA** Hotel rooms are available at the Hilton, 301 W. 6th St., Vancouver, WA 98660 Rates are \$95/night for Nov. 4-6 if reserved by Oct. 4. Please call 360-993-4500 or 800-Hiltons for reservations. Mention you will be attending the Washington State Pharmacy Association meeting.

**Seminar Program Sponsorship Opportunities are Available**

Exhibitor fees are discounted for seminar program sponsorship. If your company is interested in becoming a sponsor or for more information, please contact Cris DuVall at 425-228-7171 ext. 4 or cduvall@wsparx.org.

**Exhibitor Fee: \$850.00 per booth**

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State | Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Number of Booths (\$850.00 each): \_\_\_\_\_

Representative #1: \_\_\_\_\_

Representative #2: \_\_\_\_\_

Banquet Tickets @ \$60 each: (How many?) \_\_\_\_\_  VISA     MASTERCARD     American Express

CHECK # \_\_\_\_\_ (Payable to WSPA)

Name of Cardholder: \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_