Tennessee Pharmacists Association
★ For Patients ★ For Pharmacists ★ For Tennessee

2018 TPA WINTER MEETINGS

TSSP | TSHP | TPA
FEBRUARY 24-27, 2018

DOUBLETREE DOWNTOWN
NASHVILLE, TENNESSEE

EXHIBITOR REGISTRATION

Yes, please reserve a table for us!

EXHIBITOR INFORMATION (PLEASE PRINT OR TYPE)

_____
Company Name (for program materials)

_____
Company Address

_____
Company Email

Phone: (_____)_____

Company Representatives (for name badges)
Fee includes registration for 2 representatives:

❍ I am a member
1) Name: _____ ❍ Joining now!

Email: _____

❍ I am a member
2) Name: _____ ❍ Joining now!

Email: _____

Additional Representatives ($75 each):

❍ I am a member
3) Name: _____ ❍ Joining now!

Email: _____

❍ I am a member
4) Name: _____ ❍ Joining Now!

Email: _____

PAYMENT INFORMATION (PLEASE PRINT OR TYPE)

☐ Check: Full amount enclosed (payable to TPA) $_____

☐ Credit card: ❍ AmEx ❍ VISA ❍ MasterCard

Total $_____

REGISTER US FOR:

	Received On or Before 2/9/18	*Received After 2/9/18*	
TSHP only, Sunday, Feb. 25			
TPA Associate Member	$895	$1,045	_____
Non TPA Member*	$995	$1,145	_____
Additional Representative(s)	@$ 75	Qty: ___	_____
TPA only, Monday, Feb. 26			
TPA Associate Member	$895	$1,045	_____
Non TPA Member*	$995	$1,145	_____
Additional Representative(s)	@$ 75	Qty: ___	_____
Both TSHP and TPA, Feb. 25-26			
*Also qualifies your company for **Bronze Sponsorship***			
TPA Associate Member	$1,500	$1,650	_____
Non TPA Member*	$1,600	$1,750	_____
Additional Representative(s)	@$ 75	Qty: ___	_____
*** Associate Membership(s)**	@$295	Qty: ___	_____
CE Credit for Representatives	@$100	Qty: ___	_____
TOTAL			_____

PAYMENT: Payment should be received on or before **February 9**. Space is not guaranteed if payment in full is not received by that date. Form must be received by **January 12** to guarantee a listing in the final program.

IF NEEDED: TSHP Federal ID # 62-1117445
TPA Federal ID # 62-0730650

QUESTIONS: Contact Brittany Jernigan at:
brittany@tnpharm.org or 615-256-3023

PLEASEE SEND COMPLETED FORM AND PAYMENT…
BY MAIL: Tennessee Pharmacists Association
500 Church Street, Suite 650
Nashville, TN 37219

OR BY FAX: 615-255-3528

Card Number_____ Exp. Date____/_____ Security Code_____

Name on Card (PRINT) _____

Billing Address _____City_____State___ZIP_____

Signature (REQUIRED) _____

☐ A formal invoice is needed for payment. An invoice will be sent to the first representative listed above, unless a different contact is provided here: Name _____ Email _____

☐ Payment will be sent via check from company representative.

☐ Send information on electricity and/or internet connection for my table (additional fees may be required by the hotel.)