



Invitation to Exhibit

We are pleased to invite you to AIPhA's annual Diwali Celebration. This is an auspicious event for the pharmacy members, family, and friends. We are expecting over 120 independent pharmacy owners and many more pharmacists. This banquet is an optimal opportunity if your company is interested in exhibiting to independent wealthy owners and high income professionals. Please review the exhibit contract and return as soon as possible. Location can only be secured with full payment.

Exhibit Booth Fee(s) are as follows:

Gold - \$15,000 - 3 tables free
Silver - \$5,000 - 2 tables free
Bronze - \$2500.00- 1 table free (10)

Registration Deadline: Space is limited, so please return your exhibit registration forms and fee by **October 18th, 2009**. Exhibit fees will also include complimentary registration for two people to attend all conference events.

Exhibit Booth Space:

unless otherwise requested, you will be provided with an 8' x 10' booth area with one 6' draped table, 2 chairs. Access to an electrical outlet must be requested. You will be responsible for your own display and the ordering and cost of any additional items such as audio/visual equipment, telephones, and internet access. Please indicate on the enclosed Exhibit Request Form the size and type of display you would like to exhibit. Upon receiving the form, an Exhibits Coordinator will contact you to discuss your plans.

Hotel and Travel Reservations:

All exhibitors will be responsible for making their own hotel and travel reservations.





Exhibit Shipments:

All exhibitors are responsible for the shipment of their exhibit materials to and from the conference hotel.

Exhibitors are also responsible for set-up; tear-down, staffing their exhibit, drayage, packing and return shipping costs. Upon receipt of your registration, detailed shipping information and exhibitor instruction forms will be provided to you by the Exhibits Coordinator of AIPhA. Please call at 708-345-4658 if you have any questions or concerns.

How To Register:

Complete the enclosed Exhibit Registration and Exhibitor Request forms and mail or fax to:

Mr. Jitesh Patel

1516 W.Madison St.

Maywood, IL 60153

Fax :(708) 345-1011

Exhibitor Registration Form

Yes, my organization will exhibit at the AIPhA annual banquet to be held at the India House Restaurant,

Saturday November 7th, 2009. I understand that the exhibit hall will be open 6:00 P.M. . Set-up will be on Saturday **November 7th, from 6:00 P.M. to 7:00 P.M. Tear-down will be on Saturday April 7th at 9:00 P.M.**

I understand that unless I make other arrangements, I will be provided with an 8' x 10' booth area with one 6' draped table, 2 chairs, and electricity (if requested). I will be responsible for my own display and the ordering and cost of any additional items such as audio visual equipment, telephones, and Internet access. I will be responsible for making hotel room reservations and travel arrangements, staffing the exhibit, shipment of exhibit





materials to and from the hotel, packing, unpacking, drayage, and removal of exhibit materials from the hotel. I understand that the exhibitor assumes full responsibility and liability for losses, damages, and claims arising out of injury to persons or damage to the Exhibitor's displays, equipment, or property brought upon the premises of the Hotel. I further agree to indemnify, defend and hold harmless AIPhA, the restaurant and its owners, servants, agents and employees against all claims or expenses for such losses, including reasonable attorney's fees arising out of the use of the banquet halls premises excluding any liability caused by the negligence of AIPhA, or the banquet hall or its owners, servants, agents, and employees. I also understand that neither AIPhA nor the banquet hall maintains insurance covering the Exhibitor's property or lost revenue and it is the sole responsibility of the Exhibitor to obtain such insurance.

Authorized representative (please print):

Organization:

Address:

City, State, Zip:

Signature:

Date:

Enclose your exhibit fee payment: Exhibit fees are due upon registering your exhibit.

Please make check payable to: AIPhA.

Mail check to: Jitesh patel 1412 Pinecove Ct. Darien, IL 60561

The Tax Identification Number is 36-3529790.

Please call at 708-345-4658 if you have any questions or concerns.

Cancellation Policy: All cancellations and/or requests must be made in writing to AIPhA. No telephone cancellations will be accepted.





NAME(S) OF EXHIBIT BOOTH PERSONNEL (List Primary Contact First):

1.

Title:

Telephone:

Fax:

E-mail Address:

NAME(S) OF ADDITIONAL EXHIBIT BOOTH PERSONNEL:

2.

Title:

3.

Title:

(Please indicate the size and type of display you would like to exhibit on the enclosed Exhibit Request Form.)

Please call at 708-345-4658 if you have any questions or concerns.





Exhibit Request Form

Please indicate the exhibit type you will be bringing:

___ Pop-Up Display (portable display booth). NO Table Needed. Size of Display:

___ Pop-Up Display (portable display booth). Please provide a table for me. Size of Display: _____

___ Table Top Display Only. Size of Display: _____

___ Other Exhibit Type.

If your exhibit space requirements are different than the above standard exhibits, please include a diagram

_____ with your registration forms and indicate the approximate dimensions.

Will you require an electrical outlet? ___ Yes ___ No

Optional Items: If your exhibit requires additional items such as audio/visual equipment, telephones, or Internet access, please indicate your requirements below. An Exhibits Coordinator will contact you to discuss your needs and provide you with ordering and pricing information.

My organization _____ will need the following additional items for its exhibit space:

Description: Please provide a written description of your exhibit and services in 100 words or less.

Please call at 708-345-4658 if you have any questions or concerns.





Space is limited. Please complete and submit your Exhibitor Registration Forms no later than March 20, 09.

For assistance with your exhibit, please contact Jitesh Patel at 708-345-4658 or Jpatel@aiphapharm.com. Complete the enclosed Exhibit Registration and Exhibitor Request forms and mail or fax to:

Jitesh Patel

AlPhA Banquet

Exhibitor Form

1516 W.Madison St , Maywood, IL 60153

Fax :(708) 345-1011

Please call at 708-345-4658 if you have any questions or concerns.

