

An Invitation to Exhibit at the
Georgia Society of Health-System Pharmacists
2021 Meetings



Summer Meeting
July 9-11, 2021
Omni Amelia Island Plantation
Amelia Island, FL

Fall Meeting
October 22-24, 2021
Brasstown Valley Resort
Young Harris, GA

PLEASE NOTE THAT IN 2021 GSHP WILL PERMIT ONLY REGISTERED HEALTHCARE PARTICIPANTS AND EXHIBITORS IN OUR EXHIBIT HALL

OTHER SPONSORSHIP

There are many other ways your company can support the Georgia Society of Health-System Pharmacists 2021 Summer and Fall Meetings:

- Educational Grants
- Hospitality Grants
- Event Sponsor
- Educational Session Sponsor (Speaker honorarium & expenses)
- Advertising in the GSHP Newsletter and Meeting Program (For further information contact the GSHP office)

For Further Information Contact:

Georgia Society of Health-System Pharmacists
3015 Shannon Lakes North, Suite 303 • Tallahassee, Florida 32309
850-906-9206 • 850/893-1845 FAX or 678-401-0259 FAX
e-mail: sglass@gshp.org

BOOTH RENTAL

Booth rental for each meeting is payable in full to GSHP with the Exhibit Space Application. Booth assignment is at the sole discretion of GSHP and will be assigned based on date that the contract is received, with corporate sponsors receiving highest priority. Electrical Outlets are not included in exhibit fees.

Written cancellation requests received by the 1st of the month that precedes the meeting date will be honored with 50% refund of the booth rental fee. After the 1st of the month that precedes the meeting, no withdrawal will be honored.

Each booth entitles two exhibitors to participate in the educational and social programs. Each additional representative must register at the pharmacist member registration rates. Corporate Sponsors receive four (4) registrations.

MATERIALS SHIPPING

Each item must be properly packed and marked with the organization name. More details on shipping will be sent to the designated contact person prior to the meeting.

HOTEL INFORMATION

After an exhibit space application has been received, a complete mailing with hotel information is sent. Only the designated contract person will receive the complete exhibitor information. Exhibitors should arrange their own hotel accommodations.

EXHIBITOR SERVICE KIT

The Summer and Fall Meetings are table-top displays; therefore an exhibitors service kit will not be sent.

DISCOUNT FOR PREPAYMENT

Order and pay for materials from the service contractor in advance to take advantage of the discount for prepayment.

LIABILITY

Exhibitor agrees to protect, save and hold the Georgia Society of Health-System Pharmacists, Omni Amelia Island Plantation for the Summer Meeting and Brasstown Valley Resort for the Fall Meeting, and all agents and employees thereof (hereinafter collectively called Indemnitees) forever harmless for any damages or charges imposed for violations of any law or ordinance, whether occasioned by the negligence of the exhibitor or those holding under the exhibitor, and further, exhibitor shall at all times protect, indemnify, save and hold harmless the Indemnitees against and from any and all losses, costs, damaged, liability, or expenses (including attorney's fees) arising from or out of or by reason of any accident or bodily injury or other occurrence to any person or persons, including the exhibitor, its agents, employees, and business invitees which arises from or out of or by reason of said exhibitor's occupancy and use of the exhibition premises, the hotel, or any part thereof.

GEORGIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS

**CONTRACT FOR 2021
CORPORATE
SPONSORSHIP OR
EXHIBIT SPACE**

Summer Meeting
July 9-11, 2021
Fall Meeting
October 22-24, 2021

GEORGIA SOCIETY OF
HEALTH-SYSTEM PHARMACISTS
3015 Shannon Lakes North
Suite 303
Tallahassee, FL 32309
(850) 906-9206
(678) 401-0259 Fax
Tax ID # 58-1428006
e-mail: sglass@gshp.org

FOR GSHP USE ONLY:
Date Received: _____
Total Rental Fee: _____
Authorized by: _____
Booth Assignment: _____

PLEASE PRINT OR TYPE:

Send payment to:
GSHP
P. O. Box 116979
Atlanta, GA 30368-6979
FOR CREDIT CARD PAYMENT

Company Name	Phone #
Address	Fax #
City	State
	Zip

PLEASE SIGN: We agree to comply with all Rules and Regulations as provided in this prospectus and to the conditions under which displays in the may be held, all of which are given herein. We agree to enclose the full cost of our reservation and agree to abide by the withdrawal policy set forth in the prospectus.

	Signature	Date														
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">FEES:</td> <td style="width: 30%; text-align: center;">Summer Fall</td> <td style="width: 40%;"></td> </tr> <tr> <td>Exhibit Only</td> <td style="text-align: center;">\$1100 \$ 1000</td> <td rowspan="2" style="text-align: center; vertical-align: middle;"> Please circle your choice(s) and enter total amount below: _____ </td> </tr> <tr> <td>Reverse expo (summer meeting only)</td> <td style="text-align: center;">\$1000</td> </tr> <tr> <td>Corporate Sponsor (Annual Fee)</td> <td style="text-align: center;">\$ 3000</td> <td style="text-align: center;">\$ Exhibit Fee/Grant Enclosed</td> </tr> <tr> <td>Corporate Sponsor and Reverse Expo</td> <td style="text-align: center;">\$ 3750</td> <td></td> </tr> </table>	FEES:	Summer Fall		Exhibit Only	\$1100 \$ 1000	Please circle your choice(s) and enter total amount below: _____	Reverse expo (summer meeting only)	\$1000	Corporate Sponsor (Annual Fee)	\$ 3000	\$ Exhibit Fee/Grant Enclosed	Corporate Sponsor and Reverse Expo	\$ 3750			
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We are interested in additional sponsorship of GSHP's 2021 Meetings. Please send information on:

<input type="checkbox"/> Educational Grants	<input type="checkbox"/> Hospitality Sponsorship	<input type="checkbox"/> Education Program
<input type="checkbox"/> Program Advertising	<input type="checkbox"/> Corporate Sponsor/Recognition	Other _____
<input type="checkbox"/> Golf Tournament at the Summer Meetings		

We plan to display the following:

Name of Company Reps attending the Exhibits: **Show name, title, address, phone and email:** Please give **complete** address.
(Exhibit fees entitle two representatives per booth. Additional representatives must register at registration rates)

Individual to be contacted with further information: **Show name, title, address, email & phone:**
Please include email address:
Date: _____

Name: _____ Title: _____ Phone: _____ Fax: _____