





# Annual Convention & Trade Show

## **RULES AND REGULATIONS**

### **CONTRACT FOR SPACE**

The following rules and regulations become binding upon acceptance of this contract between the applicant and his/her employees and the Mississippi Pharmacists Association.

### **BOOTH**

Each booth includes a 10-foot back drape and 3-foot side drape with a skirted 6-foot display table, two chairs, one wastebasket, and one booth sign. No exhibitor will block the sight-line from the aisle of an adjoining exhibitor.

### **BOOTH OCCUPANCY**

At least one representative from each company must be present in the booth location during exhibit hours.

### **GIVEAWAYS AND DOOR PRIZES**

We encourage all exhibitors/sponsors to bring a door prize for the exhibit hall. If you would like to have promotional/giveaway items at your booth, the suggested quantity is 200.

### **FOOD SERVICE**

MPhA reserves the right to provide food and beverage service during certain hours in the exhibit hall.

### **EXHIBIT NO-SHOWS**

A company that reserves booth space and fails to inform MPhA in writing of its plans not to attend automatically forfeits 100% of the total cost of the exhibit space assigned.

### **CANCELLATION/REFUND POLICY**

No cancellation shall be acknowledged unless received by MPhA's office in writing. Should an exhibitor wish to cancel on or before May 15th, they will be charged a fee of \$250. No refunds will be given for cancellations after May 15th. Exhibitors who have outstanding balances with MPhA must have their accounts paid in full by May 31, 2023.

### **EXHIBIT HOURS**

Exhibit set-up time: Friday, June 9, 12:00 p.m. - 3:00 p.m.

Exhibit Hall hours: Friday, June 9, 3:00 p.m. - 5:00 p.m. and Saturday, June 10, 7:00 a.m. - 8:00 a.m.

Dismantle Date/Time: Saturday, June 10, 8:30 a.m. - 2:00 p.m.

### **CONTINUING EDUCATION**

Pharmacists/exhibitors who desire to obtain continuing education credits must register with the convention as pharmacists. The exhibit fee will not provide complimentary CE credits for pharmacists/exhibitors.

### **CONVENTION POLICY**

Everyone attending the MPhA Convention must be registered as a pharmacist, guest, pharmacy student or an exhibitor in order to get in the exhibit hall, continuing education programs, and any events at the convention. Name tags are required.

### **SECURITY**

MPhA will provide security to close the exhibit hall. Additional security may be obtained directly by contacting the Oxford Convention Center. Each exhibitor shall be responsible for protecting its own property to its full value, either through purchased insurance or self-insurance. It is the exhibitor's responsibility to ensure that the items within their own booth are guarded or stored.

### **RENTAL SERVICES/EXHIBIT HALL INFORMATION**

A professional trade show decorator has been hired to set up the show at the convention. Information on the rental of electricity, hotel reservations, and freight shipping will be mailed or emailed to the address and contact person(s) indicated on the contract prior to the convention.



**MISSISSIPPI  
PHARMACISTS  
ASSOCIATION**

[www.mspharm.org](http://www.mspharm.org)



# 152nd Annual Convention & Trade Show

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## Annual Convention Trade Show Booth Application

Company/Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Website: \_\_\_\_\_

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### Names of Exhibitor Personnel *(Print clearly for name badge purposes.)*

1. \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

2. \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

3. \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Exhibit Hall Booths include 2 representatives. Should you need more than two at the Exhibit Hall, there is a charge of \$50 per person.

Number of additional Reps \_\_\_\_\_ x \$50 = \$ \_\_\_\_\_

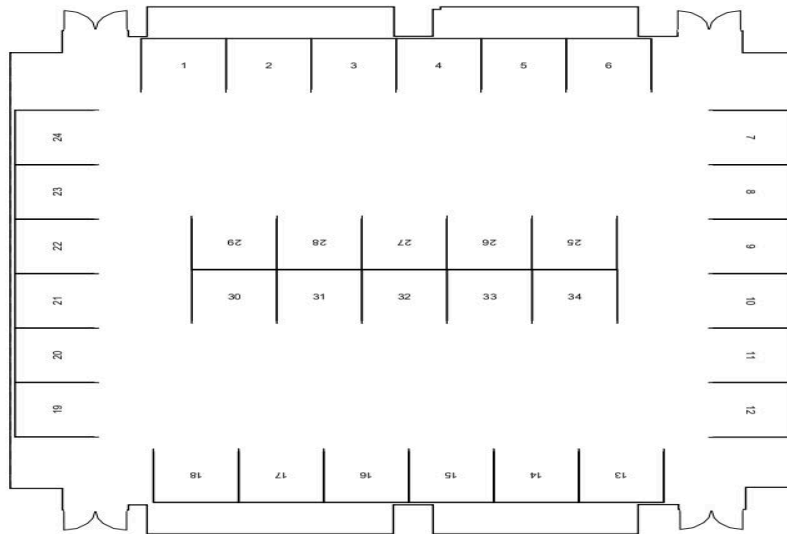
\*\*The names of all persons representing exhibitors must be registered with MPhA for names badge purposes no later than May 31, 2023. It is the responsibility of the exhibitor to notify MPhA of any personnel changes prior to the show.

Please read page 2 carefully for more important details.



# 152nd Annual Convention & Trade Show

## Application continued:



We hereby make application for exhibit space at the 152nd MPhA Annual Convention & Trade Show. The following are our choices based on the official plan shown above:

Booth Selection (in order of preference): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

The following principle products will be displayed: \_\_\_\_\_

Competitor's we do not wish to be in close proximity (if possible): \_\_\_\_\_

### Contributor Level

\_\_\_\_\_ Exhibitor Packet - \$1000      \_\_\_\_\_ Silver Packet - \$1500

\_\_\_\_\_ Gold Exhibitor Packet - \$2000      \_\_\_\_\_ Platinum Exhibitor Packet - \$3000

### Golf Package

(fill out player information form on the following page)

\_\_\_\_\_ Golf Package - \$100/player      \_\_\_\_\_ Birdie Package - \$800      \_\_\_\_\_ Fore! Package - \$1000

Full payment on all contracts will be due May 15, 2023.

- ALL BOOTHS MUST BE PAID BEFORE SET-UP
- Booth selection is on a first-come, first-served basis
- Booth cancellations on or before May 15, 2023 will be charged a fee of \$250
- No refunds will be given for cancellations after May 15, 2023

The charge for exhibit space includes the following: 1) 10' back drape and 3' side drape, 2) a skirted 6-foot display table, 3) 2 chairs, 4) one waste basket. Electrical services must be pre-ordered through the exhibitor service provider.



# 152nd Annual Convention & Trade Show

**Application continued:**

Total amount to be charged: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

(if not the same as listed above)

Signature: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

**Golf Tournament Application**

Player 1: \_\_\_\_\_ Golf Handicap (not required): \_\_\_\_\_

Email: \_\_\_\_\_

Player 2: \_\_\_\_\_ Golf Handicap (not required): \_\_\_\_\_

Email: \_\_\_\_\_

Player 3: \_\_\_\_\_ Golf Handicap (not required): \_\_\_\_\_

Email: \_\_\_\_\_

Player 4: \_\_\_\_\_ Golf Handicap (not required): \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ My company chooses to sponsor players in place of our own players/team.

\_\_\_\_\_ How many sponsored players? (up to 4)

**Signature:**

- I understand that if MPhA is not successful in securing either of the requested exhibit spaces, one may be assigned to us. I understand all booths are on a first-come, first-served basis.
- I understand the policies set forth in this application.
- I have provided current contact information and understand that it is my company's responsibility to update contact information according to the deadlines stated in this application.
- I understand that any changes in convention times and/or dates will be communicated through the MPhA offices.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_