

**APPLICATION FORM AND CONTRACT FOR EXHIBIT SPACE**  
**17<sup>th</sup> International Conference on Pharmacoepidemiology**  
**Sheraton Centre, Toronto, Canada**  
**August 23-26, 2000**

Please PRINT your company's name, address, telephone, fax and e-mail numbers as you would like them to appear in the Final Program.

NOTE: The name listed as contact will receive all exhibit follow-up correspondence.

CONTACT PERSON:

\_\_\_\_\_

TITLE:

\_\_\_\_\_

COMPANY NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

FAX NUMBER (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS:

\_\_\_\_\_

ADDITIONAL REPRESENTATIVES:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

I understand the terms and conditions as outlined in the exhibitor prospectus and agree to comply.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**All applications MUST be sent with full payment.** Applications are considered incomplete until full payment has been received, and will not be assigned a table. Payment must be received by July 16, 2001 to ensure inclusion in final program. Exhibitor assignments are on a first-come, first-served basis. **Written cancellation must be received by July 16, 2001, to receive a refund minus a \$250 administrative fee.**

**PAYMENT:**

Number of 6' TABLETOP(S) \_\_\_\_\_ @ \$1,000/tabletop  
\$ \_\_\_\_\_

Additional representatives \_\_\_\_\_ @ \$ 500/person \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

[US Dollars]

PAYMENT BY CHECK [US Dollars]

Make payable to *ISPE*. No phone credit cards or wire transfers accepted.

PAYMENT BY CREDIT CARD [in US Dollars]

Please complete the information below.

CHARGE:  VISA  MASTERCARD  AMERICAN EXPRESS

ACCOUNT NUMBER: \_\_\_\_\_ EXP. DATE:  
MONTH\_\_\_\_/YR\_\_\_\_

SIGNATURE: \_\_\_\_\_

---

**Credit Card Reservations fax to: (301) 656-0989**

**All others mail to:**

**ISPE, 4340 East West Highway, Suite 401, Bethesda, MD, USA 20814-4410**

Office Use:

Date Received \_\_\_\_\_

Total Paid \$ \_\_\_\_\_

Method of Payment \_\_\_\_\_