



American Association of Pharmacy Technicians

Convention Sponsor/Vendor Prospectus
28th Annual Convention – August 12 – August 14, 2010

Name of Organization _____

Contact Person _____

Address of Contact Person _____

Phone of Contact Person (____) _____

Email Contact: _____

ANY UNRESTRICTED OR RESTRICTED GRANT OR OTHER CONTRIBUTION EQUIVALENT TO \$750.00 OR MORE RECEIVES A COMPLIMENTARY EXHIBIT BOOTH.

***Exhibit Hall is open Friday, August 13, 2009 11:00 AM – 2:00 PM*
Setup will start at 9:00 AM. Please have setup completed before 10:30 AM.**

The above organization commits the following support for the 2010 AAPT Convention.

Booth for Exhibitor's Hall (@\$500.00)

Electrical outlet needed for Exhibitor's Hall booth ___yes ___no
Please supply your own extension cord.

Unrestricted grant for continuing education or other convention expenses:
Amount \$ _____
List any specific activity you would like to support: _____

Restricted grant to reimburse continuing education speaker, which may include:
___All expenses
___Honorarium
___Travel only
Other _____

Funds will be available at a later date and will be sent _____

[] Check payable to: AAPT Convention 2010 Tax ID # _____ Total Enclosed:\$ _____

[] VISA [] American Express [] MasterCard

Account No: _____ Exp. Date: _____

Signature: _____

Return form to: Mail completed form, payment and information to:
AAPT Convention 2010
Attn: AAPT Convention Coordinator
PO Box 1447
Greensboro, NC 27402

Questions? Contact: Lenora Holder at president@pharmacytechnician.com or (757-287-1536)
Ann Oberg at vicepresident@pharmacytechnician.com or (605-336-4686)