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1501 Twilight Trail  
Frankfort, KY 40601  
502-223-5322 – fax 502-223-4937  
info@kshp.org

January 13, 2010

Dear Exhibitor/Sponsor:

The Kentucky Society of Health-System Pharmacists invites you to exhibit at our Fall Meeting on Thursday and Friday, October 7 & 8, 2010, at the French Lick Hotel and Conference Center in French Lick, IN. Exhibit hours and set-up information can be found on the enclosed registration form. Continental breakfast and refreshment breaks will be served in the Exhibit Area. Exhibitors will be mailed a meeting brochure and confirmation prior to the meeting.

KSHP offers different exhibiting and sponsorship opportunities. Exhibit fees are: Premier exhibit for \$3,500 (two 6 foot tables, premier location and sponsor signage) and Standard exhibit for \$1,500 (one 6 foot table). The difference in the levels determines booth location, size and sponsorship. Exhibit locations will be determined based on Exhibit level, and by when your registration form is received.

We are also allowing for sponsorship of breaks and meal functions. **Sponsoring an event is not included in exhibit fees** unless you are a premier exhibitor. *If you sponsor an event your exhibit booth will be included.*

**To reserve your booth** complete the enclosed registration form by mail or fax. **Forms must be returned to reserve space.** Checks for exhibit space should be made payable to **KSHP** and mailed to KSHP Attn: Exhibits 1501 Twilight Trail, Frankfort, KY 40601. **Our tax ID number is 61-1142796.**

I look forward to working with you this year and having another great meeting.

Sincerely,

Angela Underwood  
Educational Coordinator

**EXHIBIT REGISTRATION FORM**

**Kentucky Society of Health System Pharmacists  
2010 Fall Meeting  
October 7 - 8, 2010**

**French Lick Springs Hotel and Conference Center, French Lick, IN**

Please select from the choices below to participate in our Fall Meeting:

- Premier Exhibit space - \$3,500 (Includes 2 tables and sponsor of a break)
- Exhibitor - \$1,500 (Includes one table)

Firm Name: \_\_\_\_\_

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

On-Site Representatives: \_\_\_\_\_

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

CITY/STATE/ZIP CODE: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**RULES GOVERNING EXHIBITS**

**Set-Up Hours:** Exhibitors may set up their exhibits after 8:00 a.m. on Thursday, October 7, 2010. All materials must be removed by Friday, October 8, 2010 at 5:00 p.m.

**Description of Exhibits:** \$1,500 Exhibit spaces will be one 6-foot table top with two chairs. \$3,500 Exhibit spaces will be 2 6-foot tables and include sponsorship for a break. Exhibits will be open from 10:00 a.m. to 5:00 p.m. on Thursday, October 7, 2010 and from 8:00 a.m. to 12:00 pm on Friday, October 8, 2010.

**Shipping of materials:** All items must be sent directly to the French Lick Springs Hotel, 8670 West State Road 56 French Lick, IN 47432, Attn: Vickie Dixon CS. In addition to the onsite contact person's name, please put the name and dates of the event on your packages: KSHP 2010 Fall Conference, October 7-8, 2010. The Hotel will not accept packages sent more than 10 business days prior to the event. Please contact Vickie Dixon, Convention Services Manager at 812-936-9300 or at [vdixon@frenchlick.com](mailto:vdixon@frenchlick.com) should you have questions about shipping or need to make special arrangements for storage. Return shipments are the responsibility of the exhibitor, and arrangements for pick-up will need to be coordinated through the Hotel.

**Arrangements for Special Equipment:** Any electrical, internet or phone line requirements must be handled directly with the hotel. Please contact Vickie Dixon, Convention Services Manager at 812-936-9300 or at [vdixon@frenchlick.com](mailto:vdixon@frenchlick.com).

**Hotel Reservations:** Overnight accommodations can be made by calling the French Lick Hotel at 1-888-936-9360 by SEPTEMBER 1, 2010. The room rate is \$135.00 for all rooms. Mention the group code 1010KSH or that you are with KSHP to receive the discounted group rate. You may make reservations online at [www.frenchlick.com](http://www.frenchlick.com) and use the group code 1010KSH to receive the discounted group rate.

**Charge my Credit Card (MC/Visa/AMEX)**

Card # \_\_\_\_\_ Exp \_\_\_\_\_ 3-digit Security code \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH PAYMENT BY SEPTEMBER 1, 2010**

**TO:** KSHP Exhibits \* 1501 Twilight Trail \* Frankfort, KY 40601

Contact Angela Underwood if you have any questions.

Phone (502) 223-5322 \* FAX (502) 223-4937 \* Email : [info@kshp.org](mailto:info@kshp.org)

**\*Payment must accompany form to reserve space\***

**SPONSOR REGISTRATION FORM**

**Kentucky Society of Health-System Pharmacists  
2010 Fall Meeting  
October 7-8, 2010  
French Lick Springs Hotel and Conference Center, French Lick, IN**

**We wish to sponsor the following event:**

- |                          |                                |         |
|--------------------------|--------------------------------|---------|
| <input type="checkbox"/> | Thursday Continental Breakfast | \$2,500 |
| <input type="checkbox"/> | Thursday Morning Break         | \$2,500 |
| <input type="checkbox"/> | Thursday Lunch                 | \$3,000 |
| <input type="checkbox"/> | Thursday Afternoon Break       | \$2,500 |
| <input type="checkbox"/> | Friday Continental Breakfast   | \$2,500 |
| <input type="checkbox"/> | Friday Morning Break           | \$2,500 |
| <input type="checkbox"/> | Friday Lunch                   | \$3,000 |
| <input type="checkbox"/> | Friday Afternoon Break         | \$2,500 |

Firm Name: \_\_\_\_\_

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

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

CITY/STATE/ZIP CODE: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**RULES GOVERNING SPONSORS**

Sponsor fee goes directly to KSHP. *If you choose to sponsor an event you will receive an exhibit space (one 6 foot table) and recognition in the program. You will also have a sign with your company name displayed during the event you are sponsoring.*

**Hotel Reservations**

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\_\_\_\_\_ **Charge my Credit Card (MC/Visa/AMEX)**

**Card #** \_\_\_\_\_

**Exp** \_\_\_\_\_ **3 digit security code** \_\_\_\_\_

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

**Billing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

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

**Authorized Signature:** \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH PAYMENT**

**By September 1, 2010**

**TO:** KSHP Sponsor \* 1501 Twilight Trail \*Frankfort, KY 40601  
Phone (502) 223-5322 \* FAX (502) 223-4937 \* [info@kshp.org](mailto:info@kshp.org)  
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