

Contract and Payment for AANP Post-Convention Pharmacy Session

**FAX COMPLETED FORM TO 703-991-9133
ATTN: REBECCA TAKEMOTO**

Company Name _____

Contact Person _____

Phone _____ Email _____

All Booths for Post-Convention Session are 6' table tops. We are accepting a maximum of 10 exhibitors for this day. Payment in full is due with contract. *Once this contract is signed, there will be no refunds given for cancellation.*

Completion of this section authorizes the AANP to charge my credit card for the above amount for the 25th Annual Convention & Exposition.

Type of card AM EX MC VISA

Name on Card _____

Card # _____

Exp Date _____ Security Code _____

Billing Address _____

Authorized Signature _____ Date _____

For Check Payments: Mail Form and Check (payable to AANP) to:

AANP
Attn: Rebecca Takemoto
2740 Chain Bridge Rd
Vienna, VA 22181

Please also fax a copy of check along with this form to 703-991-9133