

THE FIFTH ANNUAL PHARMACEUTICAL REGULATORY AND COMPLIANCE CONGRESS AND BEST PRACTICES FORUM

Contact Information

Company Name _____
Company Representative _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Fax () _____
E-mail _____

Badge Information 1. _____ (All-access)
(2 per 8' x 10'
booth — each 2. _____
additional 1. _____
exhibitor is 2. _____
\$150.00 each) 3. _____
4. _____

Summit Sponsorships

SPONSORSHIP LEVEL:

- DIAMOND \$100,000:** As a Diamond Level Grantor, please list our company as the sponsor for the _____ (please select from one of the event sponsorship or item sponsorship categories below)
- PLATINUM \$75,000:** As a Platinum Level Grantor, please list our company as the sponsor for the _____ (please select from one of the event sponsorship or item sponsorship categories below)
- GOLD \$50,000:** As a Gold Level Grantor, please list our company as the sponsor for the _____ (please select either Continental Breakfast or Luncheon)
- SILVER \$25,000:** As a Silver Level Grantor, please list our company as the sponsor for the _____ (please select a break)
- BRONZE \$12,500:** As a Bronze Level Grantor, please list our company as the sponsor for the _____ (please select a break)

Event Sponsorships

- Reception \$15,000 Continental Breakfast \$4,500
 Luncheon \$6,500 Break \$3,500
 Registration \$5,000

Item Sponsorships

- Notepad Folio \$25,000 Pocket Schedule \$5,000
 Cyber Café \$15,000 Calculators \$3,500
 Tote Bags \$10,000 Mugs \$2,500
 Badge-Holders \$7,500 Highlighter Pens \$2,500
 Binder \$5,000

Summit Binder Advertising

- Full Page 4-Color Ad \$1,600
 Full Page Black/White Ad \$800

Exhibiting

If you would only like to purchase an 8' x 10' exhibit space at the Pharmaceutical Congress the price is \$1,800. This price includes an exhibit space, 2 exhibitor badges (including 1 all-access badge) for November 14–16, 2004, and company listing in the program guide.

- Yes, I would like to purchase an exhibit space at the Pharmaceutical Congress for \$1,800 and would like to select: Booth # _____ 2nd Choice _____ 3rd Choice _____.
- Yes, I would like the exhibit space at the Pharmaceutical Congress that is included with my Educational Grantorship:
Booth # _____ 2nd Choice _____ 3rd Choice _____.

Please list any companies you would rather not be near:

Payment Information

- Check enclosed for the amount of \$ _____
(Please make check payable to Health Care Conference Administrators)
- Charge to credit card below for the amount of \$ _____
- AMEX Visa MC Exp. Date ____ / ____

Account Number: _____

Name of Card Holder: _____

Card Holder Signature: _____

50% deposit is required for all marketing options chosen. Balance must be paid in full by 10/15/04. Cancellation fee for exhibit space is the full deposit. Exhibiting and Sponsor status is not final until payment is received. All Sponsorship fees are non-refundable. Tax ID Number: 91-1892021

A confirmation letter and exhibitor service kit will be sent to confirmed exhibitors prior to the conference.

Signature: _____ Date: ____ / ____ / ____

By signature above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract, which includes the rules and regulations above.

MAKE CHECK PAYABLE TO:

Health Care Conference Administrators

Please return this completed form with check to:

Pharmaceutical Congress

Joni Lipson

1211 Locust Street, Philadelphia, PA 19107

Phone: 800-546-3750 • Direct line: 215-599-6626

Fax: 215-545-8107

Please e-mail your application to: joni.lipson@rmpinc.com