

## OPENING NIGHT CELEBRATION OPPORTUNITY FRIDAY, NOVEMBER 2, 2018

6:30 P.M. - 7:30 P.M.

**Deposit and Payment Schedule** 

Failure to make payments does not release the contracted or financial

100% Due w/Application

**Cancellation Penalties** 

100% Cancellation Penalty

Checks payable to:

obligation of Exhibitor.

Reserve your choice of wines and/or beers that will be poured directly from your exhibit space during Friday evening's Opening Night Celebration in the Exhibit Hall. Two hours of bar service are provided with each package with the option to open your station at 5:30 pm through 7:30 pm. We'll provide you with a bartender, your selection, glasses, and a table from which to serve. Your company name, booth number, and type of beverage will be printed on the **Menu** that will be distributed to attendees as they enter the Exhibit Hall.

**Reservations are taken on a first-come, first-served basis.** Choose which option you would like below. Exhibitor may purchase multiple opportunities. Each option is exclusive and no duplicates will be sold. **Price includes all taxes and fees.** 

Deadline to submit application: October 16, 2018.

Herradura Tequila + Grapefruit Soda Water

Stoli + Thyme Syrup + Plum Bitters + La Marca Prosecco

\$1,700 Cocktail Package (includes 60 servings)

The Ole' Thymer

Paloma Fresca

Printed Name

		American Society of Cons	sultant Pharmacists	
\$1,500 - Wine Package (includes 10 bottles)  J.W. Morris Chardonnay   California  M. Chapoutier Belleruche Côtes du Rhône   Fr  J.W. Morris Merlot   California  Sycamore Lane Cabernet Sauvignon   Californi  \$1,400 Beer Package (includes 75 individual bottle)  Variety of Domestic & Imported Beers	a	Mail payments to: ASCP Exposition Manager 11208 Waples Mill Road, Credit card payments: An invoice will be sent wi to submit credit card pay Submit application to: ex	ment, c/o SPARGO, Inc. Suite 112, Fairfax, VA 22030 thin one business day with instru	ctions
		Need help? Contact:		
		ascpexhibits@spargoinc.	<u>com</u>   703-631-6200   800-564-42	220
Contact Information  Company Name	Co	ontact Name		
Title		Tel		
Email	Address			
City	State	Zip Code	Country	
acknowledge that, as an authorized representative of the Annual Meeting & Exposition Terms and Conditions. Exposition Inc., and official vendors in reference to ASCP Reception Opportunity application will become a contra	the above stated hibitor agrees to r Annual Meeting 8	Exhibitor, I agree that Exhib eceive all written and electr & Exhibition and all future A	itor will comply with the 2018 conic correspondence from AS SCP events. This Opening Nigh	ASCP CP, nt
Evhihitor Signature		Date		

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