



Tennessee Pharmacists Association 2009 Annual Convention & Exposition

Marriott Resort & Spa • Hilton Head, SC • July 19-22, 2009

Exhibitor Prospectus and Sponsorship Opportunities

Show Dates: July 20-21, 2009

Why Exhibit at the 2009 TPA Convention?

- ◆ **Promote your company to an extensive group of more than 250 pharmacy professionals.**
- ◆ **Position your products and services in front of decision makers.**
- ◆ **Increase your company's brand recognition.**
- ◆ **Exhibit-only hours, when TPA's Annual Convention is dedicated to the exhibit hall with no other scheduled sessions.**
- ◆ **Opening reception and events in the exhibit hall to attract attendees to your booth.**
- ◆ **The biggest problem you'll have at this convention is having to leave.**

Essentials: Exhibit Hall Setup

Sunday, July 19..... 4:00 – 7:00 pm

Monday, July 20.....8:00 – 10:30 am

Exhibitor move-out...12:00 – 4:00 pm

Show Times: Monday July 20 – 11:00 – 12:30 pm Tuesday, July 21 - 11:00 – 12:30 pm

Show times are subject to change.

You will be notified of any changes.

Exhibit Space Includes

- One booth sign
- 6 foot draped table
- Two chairs
- Exclusive hours
- 8 X 10 booth
- Final program listing
- Two tickets to the TPA Beach Party—a laid-back evening of Caribbean music, margaritas, great food and opportunity to network one-on-one before the show opens

Claim Your Space

We've attached a simple application form for you to complete. Please take a moment to carefully read the Exhibit Rules and Regulations. You'll receive a booth confirmation and more information about the programs and other events planned.



Sponsor Levels

Platinum - \$10,000+

Gold - \$5,000 - \$9,999

Silver - \$2,500 - \$4,999

Bronze \$1,500 - \$2,499

Sponsors will be listed in Convention schedules, the Convention Program, signage at the Convention, and in the Journal. Partial sponsorship is available.



The **Marriott Resort & Spa** is a spectacular resort. It is located in the beautiful Palmetto Dunes and is easily accessed from the Savannah/Hilton Head International Airport. Tucked away from neon signs, streetlights, and the hustle and bustle of city life, this AAA Four Diamond promises to provide a unique atmosphere you won't find anywhere else. Start planning now. Make your reservations at 843-686-8400 and mention Tennessee Pharmacists Association in order to get the special TPA rate of \$219.00. **Reservation deadline is July 19.**

Our Thanks to Last Year's Exhibitors

Abbott
 Acorda Therapeutics
 Amerisource Bergen
 APCI
 Associated Pharmacies, Inc.
 Astellas Pharma Inc.
 AstraZeneca
 Baxter
 Bayer
 Berry Plastics / Kerr
 BlueCrossBlueShield CVS/Caremark
 Cardinal Health
 CareerStaff Unlimited
 Code Corporation
 Cornerstone of Recovery
 Cover Tennessee
 CVS/Caremark
 Dispensary of Hope
 Dr. Comfort
 Duramed Pharmaceuticals
 Eisai Inc
 Eli Lilly & Company
 Endo Pharmaceuticals
 ExcellerX
 Forest Pharmaceuticals
 Fred's, Inc.
 Gold Standard
 The Harvard Drug Group
 Hawkins Pharmaceutical Group
 H.D. Smith
 Hire Dynamics Rx
 Home Diagnostics, Inc.
 King Pharmaceuticals
 LifeScan (A Johnson & Johnson Co.)
 Marriott Vacation Club
 Matrix Distributors, Inc.
 McKesson
 Morris & Dickson
 Novartis
 Novo Nordisk
 The Perfect Mat
 Pfizer Pharmaceuticals



Pharmacists Mutual Companies/PMG
 Pharmacy-Lite Packaging
 Pharmacy Plus
 PharmMD
 Preferred Care Services, Inc. Pharmacy Solutions
 PriCara, A Unit of Ortho-McNeil, Inc.
 Proctor & Gamble Pharmaceuticals
 Publicom Inc.
 QS/160
 Rite Aid Pharmacy
 Roche Diagnostics
 Roche Laboratories
 Sanofi-Aventis
 Schering-Plough Corp
 Schering-Plough Corp.-Infectious Disease Group
 Sepracor Pharmaceuticals
 Smith Drug Company
 Solvay Pharmaceuticals
 Southern Pharmacy Cooperative
 Standing Stone, Inc.
 Swisslog Translogic
 SXC Health Solutions, Inc.
 Tennessee Board of Pharmacy
 Teva Health Systems
 Teva Neuroscience
 Teva Specialty
 Top Rx, Inc.
 Tri State Distribution, Inc
 Walgreens
 Wal-Mart Stores, Inc.
 Windsor Medicare Extra
 Wyeth
 Wal-Mart Stores, Inc.
 Windsor Medicare Extra
 Wyeth

Invest in Pharmacy and TPA

Commit Today!

Contact Judy Sadler
 TN Pharmacists Association
 (615) 256-3023
 500 Church Street
 Suite 650
 Nashville, TN 37219
 Fax (615) 255-3528
judy@tnpharm.org

Sponsorship of any element of the TPA Annual Convention provides your company with the necessary visibility to distinguish your organization from your competitors. If your company is involved in the field of pharmacy, the TPA Annual Convention & Exposition is the place to be.

To confirm your commitment as a TPA Annual Convention Sponsor:

- Complete and return the Sponsorship Form (attached)
- Provide your color logo in high-resolution .jpg or .tif format to judy@tnpharm.org

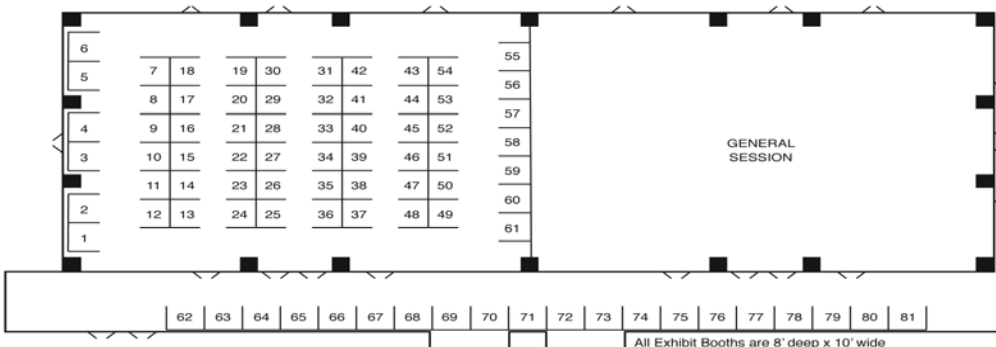


Exhibit Rules and Regulations

CONTRACT FOR SPACE: The application for space and the formal notice of assignment constitute a contract for the right to use the space allotted. In the event of fire, strikes or other uncontrollable circumstances, this contract will not be binding.

USE OF SPACE: All demonstrations, interviews, or other activities must be confined to the limits of the exhibit booth. No exhibitor shall assign, sublet, or share the whole or any part of the space allotted without the knowledge, or consent, of the Exhibit Coordinator, or without the terms thereof. Aisles must be kept clear. (1) Exhibitor must comply with all safety, fire and health requirements during move-in, operation and move-out. Booths must be manned and in operation at all times listed in the schedule. (2) TPA does not endorse the products/services of the companies who exhibit during the meeting. (3) TPA shall have the right to require the dismantling of any exhibit or part of exhibit which in their opinion is not suitable to or in keeping with the character or purpose of the TPA Convention. (4) Orders for merchandise may be taken in the exhibit space, but no direct sales are allowed on the exhibit floor. Circulars or advertising matter of any description may be distributed only within the booth assigned to the exhibitor presenting such material. Contracted exhibit space DOES NOT entitle the exhibiting company to participation in educational sessions, receipt of continuing education credits, entrance into any TPA business or PharmPAC/Political sessions, meals or any other event or function not specifically listed in prospectus materials.

EXHIBIT SPACE: All dimensions and locations of the booths on the enclosed floor plan are believed, but not warranted, to be accurate. Show management reserves the right to make modifications to the floor plan as deemed appropriate. Space is assigned on a first-come first-serve basis. No space is assigned without the official contract and payment of the fee. If space selected on the contract has been previously reserved, management retains the right to assign the next best available space. Exhibitor will be notified in writing of assignments prior to the meeting.

HOURS OF EXHIBIT: Move-in may begin at 4:00 p.m. on July 19, 2009, and must be completed by 10:00 a.m. on July 20, 2009. Exhibitor expressly agrees not to dismantle his/her exhibit or do any packing before the Exhibit Hall closes at 12:00 noon on July 21, 2009. Move-out must be completed by 3:00 p.m. on July 21, 2009.

EXHIBIT HALL ADMITTANCE/BADGES: Exhibitor must furnish show management with an advance list of their representatives. Representatives must register upon *arrival* at the exhibit show office. Only 2 badges will be issued per single booth, 4 badges per double booth and 6 badges per triple booth. Additional badges for exhibitors will be issued on an exchange basis.

LIABILITY: TPA, any officer, employee, or agent of the same, will not be responsible for the safety or the property of the exhibitors, their agents or employees, from theft, damage of fire, accident or other cause, but will use reasonable care to protect the exhibitor from such loss. Exhibitors wishing to insure their goods must do so at their own expense. Security will be provided by TPA during the times that the exhibits are closed. In addition, the exhibitor will indemnify and hold harmless TPA, any officer, employee, or

agent of the same, from any and all liabilities, claims, costs, damages and reasonable fees of counsel incurred in connection with any claim arising out of or caused by exhibitor's display or distribution of materials, or performance of any music or other material that violates any copyright, patent, trademark, trade name, service mark, or other similar right of any other party. It is the responsibility of the exhibitor to be aware of and comply with rules of the Food and Drug Administration concerning labeling of displayed products.

CARE OF BUILDING/EQUIPMENT: Exhibitors, or their agents, shall not injure or deface the walls or floors of the building, or the booths. No signs or any other articles or material shall be posted, nailed or otherwise affixed to floors, walls, furniture or fixtures. When such damage appears, the exhibitor is liable to TPA, to the hotel, and to the decorator.

DECORATOR: **Blue Chip Expo** (843-681-4545) is the official decorator for the meeting. They will mail Exhibitors a packet on decorating and drayage within 60 days before the event. Arrangements for any additional items or installation must be made directly with Blue Chip Expo.

EXHIBIT FEE: If paid in full on or before May 1, 2009, fees are \$995 for a single booth, \$1,755 for a double booth and \$2,645 for a triple booth. The fee is due when the contract for exhibit space is submitted. Contracts and fees must be received no later than July 1, 2009, in order for the exhibitor's name to be printed in convention materials. Checks should be payable to TPA and mailed with the signed contract to TPA, 500 Church Street, Suite 650, Nashville, TN 37219. Contracts paid by credit card may be faxed to 615-255-3528.

PAYMENT TERMS: All exhibit fees must be paid by July 1, 2009. A credit card number must be provided for contracts received and not paid prior to that date, to ensure space at the convention. The credit card will be processed for the balance 30 days after the event if payment in full is not received. ***Failure to make payment by said payment dates does not release the contractual or financial obligation on the part of the exhibitor.***

CANCELLATION/REFUND POLICY: Written notice of cancellation must be received by May 1, 2009, for an exhibitor to receive a 50% refund for each booth rental, and no later than June 1, 2009, to receive a 25% refund for each booth rental. No refunds will be issued after June 1, 2009. Written cancellations received on or after June 1 will not release the exhibitor from the obligation to pay TPA 100% of the rental fee due. ***Failure to make payment by said payment dates does not release the contractual or financial obligation on the part of the Exhibitor.*** Refunds will not be granted for no-shows.

COPYRIGHT POLICY: Exhibitors must obtain all necessary authorizations from third parties concerning copyrights, music licensing rights, patents, trademarks, trade names, slogans, logos, service marks, and other similar tangible property rights used by the exhibitor.

ASSISTANCE FOR PERSONS WITH DISABILITIES: Exhibitors requiring an auxiliary aid to participate in this meeting should contact the TPA office by July 1, 2009.

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Booth No. _____

Contract/Invoice for Exhibit Space

OFFICE USE ONLY

Company Name (for convention materials): _____

Contact Person (Confirmation letters, service kits and meeting materials will be mailed to the name and address listed.):

_____ Title: _____

Complete Mailing Address (no P.O. Boxes): _____

Email: _____ Phone: _____ Fax: _____

Billing Contact: _____ Title: _____

Complete Mailing Address (no P.O. Boxes): _____

Email: _____ Phone: _____ Fax: _____

Associate Member Yes No **Interested in Membership** Yes No

Name Badges: Two badges are provided with a Single Booth, four badges with a Double Booth and six badges for a Triple Booth. Badges for additional exhibitor representatives will be issued on an exchange basis. Changes after July 10, 2009, including badges requested on-site, may result in a \$25 fee per badge. Please provide names of all individuals who will staff your booth.

1. _____ 3. _____
2. _____ 4. _____

Booth Preference: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ Please indicate any company(ies) from which you desire separation: _____

Payment Terms: All exhibit fees must be paid by July 1, 2009. A credit card number must be provided for contracts received and not paid prior to that date, to ensure space at the convention. The credit card will be processed for the balance 30 days after the event if payment in full is not received. **Failure to make payment by said payment dates does not release the contractual or financial obligation on the part of the exhibitor.** Reserved booths will be released if full payment is not received by July 1, unless arrangements have been made with Judy Sadler at 615-256-3023. TPA's Federal ID number is 62-0730650.

	<i>Paid On or Before May 1</i>	<i>Paid After May 1</i>
Single	_____ \$ 995	_____ \$ 1,035
Double	_____ \$ 1,755	_____ \$ 1,825
Triple	_____ \$ 2,645	_____ \$ 2,695

TOTAL ENCLOSED: \$ _____

Check enclosed payable to TPA
 American Express Visa MasterCard

Credit Card Number _____

Security Code _____ Security Code (REQUIRED): 3 digits after card number on back of Visa and MasterCard; 4 digits above card number on front of AmEx.
Expiration _____

Name as it appears on card _____

Billing Address _____

Signature _____

Please **fax** form to 615-255-3528 or **mail** to TPA, 500 Church Street, Suite 650, Nashville, TN 37219

Cancellation: In the event the Exhibitor cancels all or part of the exhibit space contracted herein, the Exhibitor must do so in writing by mail to TPA, 500 Church Street, Suite 650, Nashville, TN 37219. Written notice of cancellation must be received by May 1, 2009, for exhibitor to receive a 50% refund for each booth rental, and no later than June 1, 2009, to receive 25% refund for each booth rental. Written cancellation received after June 1 obligates the Exhibitor to pay to TPA 100% of the rental fee due. **Failure to make payment by said payment dates does not release the contractual or financial obligation on the part of the Exhibitor.**

Contract Agreement

I am an authorized representative for the exhibiting company with full power and authority to sign this contract for exhibit space. The exhibit company has read and agrees to be bound thereby, and will comply with all exhibit rules and regulations. The exhibitor further agrees that if, in the opinion of TPA, it becomes necessary to change the original allocation of space, such changes may be made by notification to the authorized representative of the Exhibitor.

Authorized Signature _____ Date _____

Communications Consent: I understand that by providing my mailing address, e-mail address, telephone number and/or fax numbers, I consent to receive communications sent by or on behalf of the Tennessee Pharmacists Association (and its subsidiaries and affiliates, including its Societies and District organizations) via regular mail, e-mail, telephone, and/or fax.

Signature _____ Date _____

If you have questions, please call Judy at 615.256.3023 or e-mail judy@tnpharm.org.

122nd Annual Convention & Exhibition

Tennessee Pharmacists Association




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Sponsorship Registration Form

SPONSORSHIP COMMITMENT: Please indicate the sessions and events that your company chooses to sponsor by checking the appropriate boxes, then complete the form.

SPONSORSHIP CHOICES: Platinum (\$10,000+) Silver (\$2,500-\$4,999)
 Gold (\$5,000-\$9,999) Bronze (\$1,500-\$2,499)

OTHER SPONSORSHIP OPPORTUNITIES:

	FULL SPONSORSHIP	PARTIAL SPONSORSHIP	
• Golf Tournament (Sunday)	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,250	\$ _____
• Opening Party (Sunday)	<input type="checkbox"/> \$12,000	<i>Sponsored by</i>	
• Educational Grants	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$2,000	\$ _____
• Pharmacist & Travelers Luncheon (Monday)	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,500	\$ _____
• General Sessions	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$2,000	\$ _____
• White Water Rafting	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$1,500	\$ _____
• Daily Breaks (Many options available)			\$ _____
• Track Sessions (Tuesday)	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$1,500	\$ _____
• Officers Installation & Honors Luncheon	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$3,000	\$ _____
• Refreshments (Monday/Tuesday)	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$ 500	\$ _____
• Closing Party (Tuesday)	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$3,000	\$ _____
• Awards Breakfasts (Wednesday)	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$2,000	\$ _____
• Convention Notebooks	<input type="checkbox"/> \$2,500	<i>Sponsored by</i>	
• Ice Cream Sunday Reception (Tuesday)	<input type="checkbox"/> \$3,000	<i>Sponsored by</i>	
• Other Opportunities:			
Water Bottles	<input type="checkbox"/> \$1,000		\$ _____
Convention Badges	<input type="checkbox"/> \$ 750		\$ _____
Convention Lanyards	<input type="checkbox"/> \$ 750		\$ _____
Convention Signs	<input type="checkbox"/> \$ 750		\$ _____
Notebook Tabs	<input type="checkbox"/> \$ 500		\$ _____

TOTAL AMOUNT OF SPONSORSHIP: \$ _____

Company Name: _____
 Contact Person: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Email: _____

**Contact TPA
to customize
a package
for you:
615.256.3023**

PAYMENT must be received by TPA before acknowledgment of sponsorship will be made in any printed convention materials or on the TPA website. TPA's Federal ID number is 62-0730650.

CHECK ENCLOSED, payable to TPA, in the amount of \$ _____.

CREDIT CARD: American Express Visa Mastercard

Card Number: _____ Expires: _____

Security Code: _____ Security Code (REQUIRED): 3 digits after card number on back of Visa and MasterCard; 4 digits above card number on front of AmEx.

Billing Address: _____

Name on Card: _____

Communications Consent: I understand that by providing my mailing address, e-mail address, telephone number and/or fax numbers, I consent to receive communications sent by or on behalf of the Tennessee Pharmacists Association (and its subsidiaries and affiliates, including its Societies and District organizations) via regular mail, e-mail, telephone, and/or fax.
 Signature: _____
 Date: _____

Please send form and payment to:
 Tennessee Pharmacists Association
 500 Church Street, Suite 650
 Nashville, TN 37219

**CREDIT CARD payments may
be faxed to:**
 615.255.3528 or
 800.214.2256

If you have questions, please call TPA, 615.256.3023.