

APhA2025
Pre-Registered Attendee Mailing List Order Form

This form must be returned to APhA no later than February 14, 2025.

The APhA2025 pre-registration mailing list includes name, company (if included on the registration form) mailing address and e-mail.

Price: \$2,000 per order

Company Name: _____

Primary contact and title: _____

Booth #: _____ Telephone: _____ Email: _____

Credit Card Payment: VISA American Express Master Card

Card Number: _____

Expiration Date: _____ Amount: _____

Name as it appears on the Card: _____

Street address and zip code of billing address: _____

* All lists are for a one-time, direct mail use only. Misuse and/or retention of names is prohibited. Membership data may not be entered into any electronic databases. By signing this agreement, the exhibitor agrees to abide by the above rules. I agree to abide by the above rules governing the use of the APhA electronic file.

Signature: _____ Date: _____

Return form to John Russell by February 14. You will receive the list by email in excel format in early March.

John Russell
American Pharmacists Association
2215 Constitution Avenue, NW
Washington, DC 20037
Phone: 202-429-7570
Email: jrussell@aphanet.org