

A_{Ph}A2019

Annual Meeting & Exposition
Seattle, Washington | March 22-25

Post-Convention Attendee Mailing List Order Form

This form must be returned to John Russell no later than April 22, 2019.

Follow up with APhA2019 Annual Meeting & Exposition contacts with a post-show mailing. Reach the pharmacists and pharmacy professionals you met in Seattle.

The APhA2019 post-convention mailing list includes name, company (if included on the registration form) mailing address and e-mail.

Price: \$1,250 per order

Company Name: _____

Primary contact and title: _____

Booth #: _____ Telephone: _____ Email: _____

Credit Card Payment: VISA American Express Master Card

Card Number: _____

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Name as it appears on the Card: _____

Street address and zip code of billing address: _____

* All lists are for a one-time 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: _____

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