

2007 ISPE Annual Meeting

4 - 6 November 2007, Caesars Palace, Las Vegas, Nevada, USA

ENGINEERING PHARMACEUTICAL INNOVATION



Exhibitor Directory Listing Form / Electrical Order Form

Please type or print clearly the following information as you want it to appear in the Exhibitor Directory.

Exhibitor Information

Company Name _____

Letter under which your company name should be alphabetized _____

Contact Name (printed in Exhibitor Directory) _____

Business Address _____

City _____ State/Province _____ Zip+4 / Postcode _____

Country _____ Web Address _____

Business Tel _____ Business Fax _____

E-mail _____

In 15 words or less describe the product(s) produced or service(s) supplied by your company:

List up to 5 keywords of your products and services:

Please choose up to 5 categories in which you would like to be referenced.

<input type="checkbox"/> Analytical Equipment and Services	<input type="checkbox"/> Contract Services	<input type="checkbox"/> Manufacturing Software	<input type="checkbox"/> Processing Machinery and Equipment
<input type="checkbox"/> Architecture/Engineering/Construction	<input type="checkbox"/> Facility Engineering and Maintenance	<input type="checkbox"/> Medical Device and Design Equipment	<input type="checkbox"/> Quality Control, Quality Assurance (QA/QC)
<input type="checkbox"/> Clean Room Equipment and Supplies	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Packaging Machinery	<input type="checkbox"/> RFID
<input type="checkbox"/> Consulting Services	<input type="checkbox"/> Instruments and Controls	<input type="checkbox"/> Packaging Materials and Components	<input type="checkbox"/> Validation Support
<input type="checkbox"/> Contract Manufacturing	<input type="checkbox"/> Investigational Products	<input type="checkbox"/> Pharmaceutical Related Software	<input type="checkbox"/> Warehousing, Distribution, Logistics
<input type="checkbox"/> Contract Packaging	<input type="checkbox"/> Labeling, Coding and Marking	<input type="checkbox"/> Process Systems, Controls and Automation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Contract Research	<input type="checkbox"/> Laboratory Instrumentation, Supplies	<input type="checkbox"/> Processing and Manufacturing	

Exhibit Fees

Check here to charge the Table Top Fee of **\$2600** to your credit card

Provide electrical service to our table at **\$80**

Payment Method

Check enclosed payable to ISPE # _____ in the amount of \$ _____

Bill my credit card : VISA MC/EUROCARD AMEX

CARD NUMBER _____

EXPIRATION DATE _____ NAME OF CARDHOLDER _____

CARDHOLDER SIGNATURE _____

EXHIBIT FEES	
Table Top.....\$2600	_____
Electrical Outlet...\$80	_____
Total Exhibit Fees	<input type="text"/>

The two complimentary exhibitor company personnel who are planning to participate in this event **MUST** complete an Exhibitor Badge order form. Any additional company personnel wishing to attend the Annual Meeting must be registered as a committee member, speaker, or conference delegate.

Return no later than 15 September to:

Lauren Bingham, ISPE 3109 W. Dr. Martin Luther King Jr. Blvd., Suite 250, Tampa, Florida 33607 USA

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