

ISPE San Francisco/Bay Area Chapter  
www.ispe.org/sanfrancisco



**San Francisco/  
Bay Area  
Chapter**  
ENGINEERING  
PHARMACEUTICAL  
INNOVATION

# 19TH ANNUAL VENDOR NIGHT

Thursday, April 1, 2010



South San Francisco Conference Center  
255 South Airport Blvd.  
South San Francisco, CA 94080  
(650) 877-8787 **FREE PARKING**

Exhibitor Set-Up 2:30-4:30 pm  
Technical Session 3:00-5:00 pm  
Exhibits Open, Free 5:00-8:00 pm  
Complimentary Appetizers 6:00-8:00 pm

*2010 Theme is Country Nights Under City Lights*  
**Bring Your Cowboy Hats an Cowboy Boots**

## VENDOR NIGHT REGISTRATION FORM

For an immediate receipt and confirmation, please use the on-line registration system:  
[http://event-confirmation.com/ispesf\\_meetings.htm](http://event-confirmation.com/ispesf_meetings.htm)

To Register, Fax This Form To: (949) 266-8461 or (949) 387-9047. Include your credit card information or fax the registration first, then mail your check (and original registration form) made payable to ISPE San Francisco/Bay Area Chapter to 5319 University Dr., Suite 641, Irvine, CA 92612. For questions email Kimberly Syre, Chapter Manager at: [ksyre@cox.net](mailto:ksyre@cox.net) or call (888) 275-0189 or (949) 387-9046. Federal Tax ID #68-0282494. Cancellations must be received by March 25, 2010 for a refund. Payments for tables must be received by March 25, we can only accept technical session payments at the door.

### Technical Session

- \$55 ISPE Members
- \$80 NonMembers
- \$275 Group of 6 Tickets

### Vendor Table Tops:

(All tables are 6' long x 2.5' wide, includes electricity, Max Height 60", Max Width 72", Everything must fit on your table top (not on the floor or wall))

- \$695

Free to Attend (View Table Tops Only)

**Door Prizes Wanted**  
(no exhibit table necessary)  
If You Are Bringing A Door Prize  
Please Bring it With You and List What  
You Anticipate Bringing:

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

### CREDIT CARD PAYMENT

Type of Credit Card



Circle One

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If purchasing a table top, please List Your Company Coordinator. We will copy your coordinator with the email confirmation package (table diagram/shipping and set-up instructions).

NAME: \_\_\_\_\_

COORDINATOR EMAIL: \_\_\_\_\_