



MAINE PHARMACY ASSOCIATION CONVENTION SPONSORSHIP OPPORTUNITIES

Check as many as apply:

	Dollar Value:
<input type="radio"/> Breakfast	\$ _____
<input type="radio"/> Refreshment Break	\$ _____
<input type="radio"/> Lunch	\$ _____
<input type="radio"/> Banquet Cocktail Hour	\$ _____
<input type="radio"/> Student Scholarship Fund	\$ _____
<input type="radio"/> Golf Dinner (fall only)	\$ _____
<input type="radio"/> Trade Show Table	\$ 750.00
Extra Exhibitor (\$100.00 ea.)	\$ _____
Total:	\$ _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CONTACT NAME: _____

CONTACT PHONE: _____

Please make Check payable to:
The Maine Pharmacy Association
PO Box 174
Turner, ME 04282