

CALIFORNIA PHARMACISTS ASSOCIATION
presents western pharmacy exchange

WPE

*Lights,
Camera,
Action!*

Pharmacists in the Spotlight

**WESTERN
PHARMACY
EXCHANGE**

April 18 - 21, 2024
Planet Hollywood Hotel
Las Vegas, Nevada



WPE 2024 EXHIBITOR PROSPECTUS





CPhA presents

WESTERN PHARMACY EXCHANGE

April 18 - 21, 2024
Planet Hollywood Hotel

The Western Pharmacy Exchange is the premier annual conference for attendees from the western United States to gather for education sessions, networking, knowledge sharing, and product shopping. The conference represents a broad spectrum of pharmacy professionals and offers you the opportunity to connect with the key pharmacists and staff. The conference will be held from April 18 - 21, 2024 at the Planet Hollywood Hotel & Casino.

★ **Exhibit Dates & Location**

Western Pharmacy Exchange Exhibit Show

Planet Hollywood Hotel & Casino
3667 Las Vegas Blvd S,
Las Vegas, NV 89109

In-person Exhibit Hall will be:

- Friday, April 19
4:00pm - 6:30pm
- Saturday, April 20
1:30pm - 4:00pm

★ **Hotel Accommodations**

Planet Hollywood Hotel & Casino

3667 Las Vegas Blvd S,
Las Vegas, NV 89109

For Room Block please visit:

westernpharmacyexchange.com/hotel/

*Reservations are first come first serve in the room block.

★ **Set-up Information**

All Exhibitors will have access to the hall during the hours indicated below for set up and tear down.

Friday April 19th- Exhibitor Move In:
12:00pm - 4:00pm
(booth must be set-up by 4pm)

Saturday April 20th- Exhibitor Move Out:
4:30pm - 7:00pm
(must be moved out by 7:00pm)

★ **Who Attends?**

Western Pharmacy Exchange provides opportunities to meet face-to-face with pharmacy professionals like these:

- Pharmacy owners
- Community pharmacists
- Hospital/Health-system pharmacists

- Managed care pharmacists
- Academicians
- Student pharmacists
- Pharmacy technicians

Exhibit Booth Application & Contract

Western Pharmacy Exchange 2022 • April 18 - 21, 2024 • Planet Hollywood, Las Vegas, Nevada

Each 10'x10' Booth Space Includes: 8' High Back Drape, 3' High Side Rails, 6' Skirted Table, 2 Side Chairs, Wastebasket, 7" x 44" ID Sign, DRAPE COLOR: BLACK

COMPANY NAME*

ADDRESS

CITY

STATE

ZIP CODE

CONTACT NAME*

TITLE

PHONE*

FAX

EMAIL ADDRESS*

WEBSITE*

* Conference map will contain company information along with booth number.

Product Categories

(Max 5 categories)

- | | |
|---|--|
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Adherence |
| <input type="checkbox"/> Association | <input type="checkbox"/> Buying Group |
| <input type="checkbox"/> Compounding | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Natural Products | <input type="checkbox"/> OTC/HBA |
| <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Home Health Care |
| <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Service | <input type="checkbox"/> Store Fixtures |
| <input type="checkbox"/> Generics | <input type="checkbox"/> Wholesale/Distributor |
| <input type="checkbox"/> Other: _____ | |

Exhibit Booth Staff (included in the booth fee is one WPE registration and one expo hall only staff)

The exhibit booth fee includes two complimentary badges for each booth. Please indicate names of company individuals staffing the booth; repeat the contact name listed above if that person is also working the booth.

Please complete the form found [HERE](https://fs25.formsite.com/cpha/vsxse9zibw/index) (https://fs25.formsite.com/cpha/vsxse9zibw/index) to reserve Exhibit Booth Staff. Thank you!

Booth fee

IN-PERSON BOOTH: \$4,000

Note: Late fee of \$150 assessed if reserved and/or paid in full after March 25, 2024.

Payment Method

Checks payable to California Pharmacists Association

Credit Card: Visa MasterCard AmEx Discover Check # _____

CARD NUMBER

CARDHOLDER NAME

EXP. DATE

CVV CODE

CARD BILLING ADDRESS

CITY

STATE

ZIP

The undersigned hereby requests exhibit space for the 2024 CPhA Western Pharmacy Exchange to be held at Planet Hollywood Hotel & Casino in Las Vegas, Nevada April 18 - 21, 2024. I understand that this application becomes a contract when signed and accepted by CPhA. I agree to abide by all terms and conditions of the exhibit. I understand that no refunds will be made for cancellation after March 25th, 2024, and that all requests for cancellations and refunds must be in writing. I understand that all fees must be paid in order to reserve a booth space.

NAME AND TITLE (please print)

SIGNATURE

DATE

CANCELLATIONS/REFUNDS
Exhibitors and vendor attendees may cancel up to March 25th, 2024 and are subject to a 25% cancellation fee. NO REFUNDS will be provided after March 25th, 2024. In the event the conference is cancelled or postponed by CPhA due to unforeseen circumstances, 100% of payments will be refunded or credited to a future conference.

SUBMIT COMPLETED FORM(S) WITH PAYMENT TO CPHA: CPhA, c/o Exchange Expo, 4030 Lennane Drive, Sacramento, CA 95834 or fax to: (916) 779-1401