



EXHIBITOR RESPONSE FORM

MSHP OASIS Event

Thursday, Aug. 14, 2025

25 Michigan St. NE, Suite 7000, Grand Rapids, MI

Yes, I will be a corporate exhibitor for the event.

☐ \$750

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

The representative who are likely to staff the Exhibit Table.

Name: _____ Phone: _____ E-mail: _____

Method of Payment

☐ Check Enclosed (Payable to Michigan Pharmacists Association) ☐ VISA/MasterCard/Amex/Discover (Circle one)

Account Number: _____ Exp. Date: _____ CVV Code: _____ Billing Zip Code: _____

Signature: _____

Please complete and return by Aug. 1, 2025, to:

MPA at MPA@MichiganPharmacists.org

Michigan Pharmacists Association
408 Kalamazoo Plaza
Lansing, MI 48933