

EXHIBIT SPACE APPLICATION AND CONTRACT
48th AAPM Annual Meeting • Exhibit Dates July 28 - Aug 2, 2006 • Orlando, FL

Instructions: Please print or type all information requested.

- Sign this copy and mail or fax with **FULL payment** to:
 Lisa Rose Sullivan, AAPM, One Physics Ellipse, College Park, MD 20740-3846 or Fax 301-209-0862
- Return by **March 3** for first consideration in space assignments, per the Exhibit Space Assignment Process posted in the 2006 Exhibitor Prospectus. Booth assignments will be mailed **April 17**.

Space Selection:

Booth Number(s)	Booth Size	Second Level Size (For Island Booths only)	# Corners Requested (For Inline Booths only)	Total Amount
1st _____	X _____	X _____	_____	\$ _____
2nd _____	X _____	X _____	_____	\$ _____
3rd _____	X _____	X _____	_____	\$ _____

Competitor Proximity:

List any Exhibitors you wish to be near :		List any Exhibitors you do not wish to be near :	
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____

Space Assignment Priority:

Rank (1 - 4) beginning with most important criteria for space assignment:

_____ Floor Location _____ Competitor Proximity _____ Associate Proximity _____ Corner Space

Product Category: IMPORTANT: Please check the appropriate boxes.

Product Focus:

Medical Equipment
 Medical Imaging
 Pharmaceuticals
 Publishing
 Radiation Oncology
 Other

Product Line(s):

<input type="checkbox"/> Brachytherapy	<input type="checkbox"/> Info Systems Management	<input type="checkbox"/> Professional Society	<input type="checkbox"/> Treatment Planning
<input type="checkbox"/> CT/MRI	<input type="checkbox"/> Lasers & Optics Manufacturer	<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Treatment Units
<input type="checkbox"/> Detectors/Dosimetry	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Simulators	<input type="checkbox"/> University
<input type="checkbox"/> General Medical Physics	<input type="checkbox"/> Patient Handling/Positioning	<input type="checkbox"/> Shielding/Construction	<input type="checkbox"/> X-ray/Radiographic
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Pharmaceutical Manufacturer	<input type="checkbox"/> Technology Management	<input type="checkbox"/> Ultrasound
<input type="checkbox"/> Imaging Film			

Exhibitor/Organization Information:

Company _____ Date _____
(List as to be displayed in all printed materials)

If newly formed company, please list previous company name: _____

Exhibitor Contact Name (please print) _____

Mailing Address _____

City, State, Zip/Postal Code, Country _____

E-mail (required) _____ Tel _____ Fax _____

Check if address change from previous year

Marketing Contact Name _____ E-mail (required) _____

Exhibitor Agreement:

I have read and understand the rules and regulations as stated as part of the 2006 AAPM Exhibitor Prospectus. I agree that the email/address and fax number on this application will be shared with organizations assisting in the production of the AAPM Annual Meeting.

Completed by/Signature _____ Title _____

Payment: Please indicate payment type

MasterCard
 American Express
 Visa
 Check drawn on US bank, payable to AAPM

Credit Card Number _____ Expiration Date _____ Signature _____

TOTAL PAYMENT WITH CONTRACT: \$ _____

(Do not write below this line)

Date Received _____	Contract No _____	Corporate Affiliate Level _____
Points: Date _____	+ Historical _____	+ Bonus _____ = _____
Price of Space \$ _____	Amt. Enclosed \$ _____	Space Assigned _____