



EXHIBIT SPACE APPLICATION AND CONTRACT

Instructions: Please print or type all information requested.

- Sign this copy and E-mail, Mail or fax with **FULL payment** to:
Hadijah R. Kagolo, AAPM, One Physics Ellipse, College Park, MD 20740-3846 · E-mail or Fax 301-209-0862
- Return by **March 3rd** for first consideration in space assignments, per the Exhibit Space Assignment Process posted in the 2008 Exhibitor Prospectus. Booth assignments will be mailed **April 15**.

Space Selection:

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

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

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 2008 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 _____