

## 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 3<sup>rd</sup>** 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 <sup>st</sup> _____	x _____	x _____	_____	\$ _____
2 <sup>nd</sup> _____	x _____	x _____	_____	\$ _____
3 <sup>rd</sup> _____	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 \_\_\_\_\_