



# AAPM 51st Annual Meeting

## July 26 - 30, 2009

### Anaheim Convention Center • Anaheim, California

#### EXHIBIT SPACE APPLICATION AND CONTRACT

Return by February 20th for first consideration in space assignments.  
Booth assignments will be mailed March 9th. Fax 301-209-0862

#### 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) \_\_\_\_\_

#### Space Selection: Booth Space Pricing Formulae

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:

- 1.
- 2.
- 3.

List any Exhibitors you do not wish to be near:

- 1.
- 2.
- 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 Agreement:

I have read and understand the rules and regulations as stated in the 2009AAPM Exhibitor Prospectus. The undersigned is empowered to enter into contracts on behalf of the exhibiting company.

Completed by/Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

#### Payment: Total Payment with Contract \$

Please indicate payment type: \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Visa \_\_\_\_\_ Check (drawn on US bank, payable to AAPM) \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

(Do not write below this line)

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