



EXHIBIT SPACE APPLICATION AND CONTRACT

Return by February 18th for first consideration in space assignments.
Booth assignments will be mailed March 18.

Exhibitor/Organization Information:

Company

(To be displayed in all printed materials)

Date

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 Number(s)	Booth Size	Second Level Size (Island booths only)	# Corners Requested (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
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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, understand and agree to adhere to the rules and regulations as stated in the 2010 AAPM Exhibitor Prospectus. The undersigned is empowered to enter into contracts on behalf of the exhibiting company.

Completed by/Signature

Title

Date

Payment:

Payment Type: MasterCard American Express Visa Check (drawn on US bank, payable to: AAPM) TOTAL \$

Credit Card Number

Expiration Date

Signature