



EXHIBIT SPACE APPLICATION AND CONTRACT

Return by February 24th for first consideration in space assignments.

Booth assignments will be mailed March 16th

Email: lrse@aapm.org | Fax: 301-209-0862

Exhibitor/Organization Information:

Company _____ Date _____
(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 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:

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):

- | | | | |
|--|---|---|---|
| <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"/> Organ Motion Management | <input type="checkbox"/> Shielding/Construction | <input type="checkbox"/> X-ray/Radiographic |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Patient Handling/Positioning | <input type="checkbox"/> Technology Management | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Imaging Film | <input type="checkbox"/> Pharmaceutical Manufacturer | | |

Exhibitor Agreement:

I have read, understand and agree to adhere to the rules and regulations as stated in the 2011 AAPM Exhibitor Prospectus. The undersigned is empowered to enter into contracts on behalf of the exhibiting company.

Completed by/Signature _____ Title _____ Date _____

NOTE: Upon receipt of Exhibit Space Application and Contract, Exhibitor will be invoiced for total amount of booth size requested. In order to be considered for first round of space assignment, full payment MUST BE submitted by MARCH 9 (per instructions provided on invoice).