



AAPM Tabletop Exhibit Space Application
AAPM Spring Clinical Meeting • March 17 – March 20
Westin Galleria Hotel
Dallas, TX

INSTRUCTIONS FOR SUBMITTING CONTRACT

PLEASE COMPLETE AND SUBMIT THIS FOR TO AAPM BY JANUARY 9, 2012 FOR FIRST CONSIDERATION IN SPACE ASSIGNMENTS

Section 1: EXHIBITOR/ORGANIZATION INFORMATION

Organization: _____
 (List the name of your organization to appear in AAPM Promotional materials)

Exhibitor Contact Name (please print): _____

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

E-mail (required): _____ Tel: _____ Fax: _____

Marketing Contact Name (please print): _____

Marketing Contact Email (required): _____

Section 2: TABLETOP EXHIBIT SPACE PRICE & SELECTION

Review the **2012 AAPM floor plan** to determine your top three table space selections.

One Table Includes: 1 complimentary personnel registration; Welcome Reception and Awards Banquet Tickets **\$1,000**

Each Additional Table: 1 additional complimentary personnel registration with events tickets **\$ 750**

First Table: **\$ 1,000**

Number of Additional Tables: _____ x \$ 750 = \$ _____

TOTAL: \$ _____

Please List Top Three Locations: 1. _____ 2. _____ 3. _____

Competitor Proximity:

List any Exhibitors you **wish to be near:**

1. _____
2. _____

List any Exhibitors you **do not wish to be near:**

1. _____
2. _____

Section 3: EXHIBITOR AGREEMENT

I have read, understand and agree to adhere to the rules and regulations as stated as part of the 2012 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 Spring Clinical Meeting.

Section 4: AUTHORIZED SIGNATURE

Signature: _____ Title: _____

Printed Name: _____ Date: _____

By signing this agreement, you agree and give AAPM permission to bill you for the sponsorship items you have selected.

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- Upon receipt of Space Application Form, Exhibitors will be sent an invoice for the amount of space selected.
- Forward payment to the Post Office Box indicated on the invoice.
- DO NOT send payment to AAPM Headquarters.
- Full payment can be submitted in the form of either a credit card payment or check in US funds.
- Credit cards accepted include Visa, Master Card, Discover Card, and American Express.
- Checks should be payable to the AAPM
- In order to be considered for first round of space assignment, full payment MUST BE submitted by January 9.

Please fax, e-mail sponsorship form to:

Rachel Smirolido, One Physics Ellipse, College Park, MD 20740, (EMAIL) rachel@aapm.org, (FAX) 301-209-0862