

Radiation Oncology Program Accreditation Meeting

February 8 - 9, 2013 • Dallas, Texas

AAPM Exhibitor Space Application February 8 – 9, 2013 Texas Health Resources University Building Dallas, TX

PLEASE COMPLETE AND SUBMIT THIS FORM TO AAPM BY JANUARY 15.

EXHIBITOR/ORGANIZATION INFORMATION

Company: _____
(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: _____

TABLETOP SPACE FEE

Exhibit Space Rental Fees: \$600

Rental Fee Includes:

- One 6-foot table
- Registration for ONE staff person*
**Additional personnel must register at the member or nonmember attendee*
- Access to free building Wi-Fi
- Access to 1 electrical outlet
- All Continental breakfast, refreshment breaks and lunches

SPACE ASSIGNMENT

Due to limited space in facility, AAPM will assign table spaces. Please complete the information below to assist with assignment.

List any Exhibitors you wish to be near:

1. _____

2. _____

List any Exhibitors you do not wish to be near:

1. _____

2. _____

SPONSORSHIP INFORMATION

- Lunch Break Sponsorship - \$ 300 per sponsor/2 lunch services
- Refreshment Break Sponsorship - \$ 300 per sponsor / 5 break services

Sponsorships Include:

- Recognition of sponsorship on signage displayed in lunch and break service areas

PAYMENT DUE

Table Rental Fee: \$600	
Lunch Sponsorship: \$300	
Refreshment Break Sponsorship: \$300	
TOTAL:	

EXHIBITOR AGREEMENT

I have read, understand and agree to adhere to the rules and regulations as stated as part of the 2013 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 meeting.

AUTHORIZED SIGNATURE

Signature: _____ Title: _____

Printed Name: _____ Date: _____

By signing this agreement, you agree and give AAPM permission to bill you for the amount of table space selected.

INSTRUCTIONS FOR SUBMITTING CONTRACT

- Upon receipt of Space Application Form, Exhibitors will be sent an invoice for exhibit space.
- 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 space assignment this form must be submitted by December 17th and payment must be submitted by January 9th.

Please fax, or e-mail space application to: Rachel Smiroldo, (EMAIL) rachel@aapm.org, (FAX) 301-209-0862