



AAPM EXHIBIT SPACE APPLICATION AND CONTRACT

Return by FEBRUARY 26th for first consideration in space assignment • Booth assignment will be mailed March 25th
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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: _____ Check if address change from previous year

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

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

Marketing Contact Name: _____ E-mail (required): _____

Invoice Contact Name (if different from Exhibitor Contact): _____ E-mail: _____

SPACE SELECTIONS	Booth Numbers (s)	Booth Size	Second Level Size (For Island Booths Only)	# Corners Requested (For Inline Booths Only)	Total Amount
1st	_____	_____ X _____	_____ X _____	_____	\$ _____
2nd	_____	_____ X _____	_____ X _____	_____	\$ _____
3rd	_____	_____ X _____	_____ X _____	_____	\$ _____

ASSOCIATE/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: _____ Floor Location _____ Associate Proximity _____ Competitor Proximity _____ Corner Space

PRODUCT CATEGORY (IMPORTANT – PLEASE CHECK THE APPROPRIATE BOXES)

Product Focus:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Laser & Optics | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> Medical Imaging | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Professional Staffing Service Provider | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Radiation Oncology | <input type="checkbox"/> Radiosurgery | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tissue Engineering | | | |

Product Line:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Aides for Disabled | <input type="checkbox"/> Biotechnology Manufactures | <input type="checkbox"/> Brachytherapy | <input type="checkbox"/> CT/MRI |
| <input type="checkbox"/> Detectors/Dosimetry | <input type="checkbox"/> Dialysis Equipment | <input type="checkbox"/> Electromedical Equipment | <input type="checkbox"/> Electronics, Semiconductors, Subasm |
| <input type="checkbox"/> General Medical Physics | <input type="checkbox"/> Government Agencies | <input type="checkbox"/> Home Healthcare | <input type="checkbox"/> Imaging Film |
| <input type="checkbox"/> Implantable Medical Products | <input type="checkbox"/> Implants and Artificial Organs | <input type="checkbox"/> Info Systems Management | <input type="checkbox"/> Instructional Laboratory Equipment |
| <input type="checkbox"/> Laser & Optics Manufacturers | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Organ Motion Management | <input type="checkbox"/> Patient Handling/Positioning |
| <input type="checkbox"/> Pharmaceutical Manufacturing | <input type="checkbox"/> Professional Society | <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Radiosurgery | <input type="checkbox"/> Robotics and Computer Automation | <input type="checkbox"/> Shielding/Construction | <input type="checkbox"/> Simulation & Statistical Analy Software |
| <input type="checkbox"/> Simulators | <input type="checkbox"/> Technology Management | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Test and Measurement Equipment |
| <input type="checkbox"/> Treatment Planning | <input type="checkbox"/> Treatment Units | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Universities |
| <input type="checkbox"/> Xray/Radiographic | | | |

Section 6: Exhibitor Agreement

I have read, understand and agree to adhere to the rules and regulations as stated in the 2014 AAPM Exhibitors 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 space assignment, full payment MUST BE submitted by MARCH 13 (per instructions provided on the invoice.)