



AAPM Tabletop Exhibit Space Application • 5th AAPM Spring Clinical Meeting

March 5 - 8, 2016 • Grand America Hotel • Salt Lake City, UT

Please complete and submit this form to AAPM by January 4, 2016 for first consideration in space assignments

Section 1: 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: _____

Check if address change from previous year

Marketing Contact Name (please print): _____

Marketing Contact Email (required): _____

Section 2: TABLETOP EXHIBIT SPACE SELECTION & FEE

Review the **2016 AAPM floor plan** to determine your top three table space selections:

List Top Three Selections: 1. _____ 2. _____ 3. _____

Exhibit Space Rental Fees:

Display Size	No. of Complimentary Exhibitor Personnel Registrations	Price
One 6-Foot Table	1 Complimentary Registration	\$1,100
Each Additional Table	1 Additional Complimentary Registration	\$850
Publisher's Rate/One 6-Foot Table	1 Complimentary Registration	\$500

Included with rental fee: 6 ft x 2.5 ft Table • 2 Chairs • Waste Basket • WI-FI • 2 Electrical Outlets • Powerpoint slide promoting your company

Reservation Rental Fee			
One 6-Foot Table		Publisher's Rate	
First Table Rental Fee	\$1,100	First Table Rental Fee	\$500
Number of Additional Tables: _____ x \$850 =	\$	Number of Additional Tables: _____ x \$500 =	\$
Total Rental Fee:	\$	Total Rental Fee:	\$

Competitor Proximity:

List any Exhibitors you wish to be near:

1. _____

2. _____

List any Exhibitors you do not wish to be near:

1. _____

2. _____

Space Assignment Priority: Rank (1-4) beginning with most important criteria for space assignment

_____ Floor Location _____ Competitor Proximity _____ Associate Proximity _____ Corner Space

Section 3: Exhibitor Agreement

I have read, understand and agree to adhere to the rules and regulations as stated as part of the 2016 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 amount of table space selected.

INSTRUCTIONS FOR SUBMITTING CONTRACT

- Upon receipt of Space Application Form, Exhibitors will be sent an invoice for exhibit space.
 - Payment instructions will be included on the invoice.
 - 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 this form must be submitted by **January 4, 2016** and, **full payment MUST be received by January 13th**. **Please fax, or e-mail space applications to: Rachel Smiroldo, rachel@aapm.org, 301-209-3371, (FAX) 301-209-0862**
- After December 4th use the following information: 1631 Prince Street, Alexandria, VA 22314, rachel@aapm.org, 571-298-1230, (Fax) 571-298-1301**