



**Exhibitor/Organization Information:**

**Return by January 10, 2010 for first consideration in location assignments.  
Table Display assignment confirmation notices will be sent February 10, 2010.**

Company

*(List as to be displayed in all printed materials)*

Exhibitor Contact Name

Mailing Address

City State Zip/Postal Code Country

E-mail (required) Tel Fax

**Tabletop Space Price & Selection: \$2,000.00 per table**

Review the ITART 2010 floor plan to determine your top three table space selections.

Rental fee includes:

- One 6-foot table unfurnished draped table
- Standard identification sign
- Complimentary conference registration for **TWO** staff persons.
- Conference registration includes: Evening Reception, plus 2 days with continental breakfast, coffee breaks and buffet lunch

List 3 table locations choices: 1. 2. 3.

**Competitor Proximity:**

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

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

**Exhibitor Agreement:** I have read, understand, and agree to adhere to the rules and regulations as stated as part of the ITART 2010 Exhibitor Information. I agree that the email/address and fax number on this application will be shared with organizations assisting in the production of the meeting.

Completed by/Signature

Title

**Total Payment:** \$

**Method of payment:**

Master Card American Express Visa Check drawn on US bank, payable to AAPM

Name on Card Card Number Exp Date

Authorized Signature Date

**Please fax, e-mail or mail with FULL payment to:**

Kathleen Dwyer AAPM, One Physics Ellipse, College Park, MD 20740-3846 Fax 301-209-3343

----- (Do not write below this line) -----

Date Received	No of Tables	Space Assigned
Price of Table Space \$	Amount Enclosed \$	Contract No