



Exhibitor/Organization Information:

Return by ~~January 10, 2010~~ **EXTENDED-February 10, 2010** for first consideration in location assignments.
 Table Display assignment confirmation notices will be sent March 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 301-209-0862

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

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