

**EXHIBIT SPACE APPLICATION AND CONTRACT**  
**48th AAPM Annual Meeting • Exhibit Dates July 28 - Aug 2, 2006 • Orlando, FL**

**Instructions: Please print or type all information requested.**

- Sign this copy and mail or fax with **FULL payment** to:  
 Lisa Rose Sullivan, AAPM, One Physics Ellipse, College Park, MD 20740-3846 or Fax 301-209-0862
- Return by **March 3** for first consideration in space assignments, per the Exhibit Space Assignment Process posted in the 2006 Exhibitor Prospectus. Booth assignments will be mailed **April 17**.

**Space Selection:**

Booth Number(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 _____	_____	\$ _____

**Competitor Proximity:**

List any Exhibitors you <b>wish to be near</b> :		List any Exhibitors you <b>do not wish to be near</b> :	
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____

**Space Assignment Priority:**

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

\_\_\_\_\_ Floor Location      \_\_\_\_\_ Competitor Proximity      \_\_\_\_\_ Associate Proximity      \_\_\_\_\_ Corner Space

**Product Category: IMPORTANT: Please check the appropriate boxes.**

**Product Focus:**

Medical Equipment     Medical Imaging     Pharmaceuticals     Publishing     Radiation Oncology     Other

**Product Line(s):**

<input type="checkbox"/> Brachytherapy	<input type="checkbox"/> Info Systems Management	<input type="checkbox"/> Professional Society	<input type="checkbox"/> Treatment Planning
<input type="checkbox"/> CT/MRI	<input type="checkbox"/> Lasers & Optics Manufacturer	<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Treatment Units
<input type="checkbox"/> Detectors/Dosimetry	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Simulators	<input type="checkbox"/> University
<input type="checkbox"/> General Medical Physics	<input type="checkbox"/> Patient Handling/Positioning	<input type="checkbox"/> Shielding/Construction	<input type="checkbox"/> X-ray/Radiographic
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Pharmaceutical Manufacturer	<input type="checkbox"/> Technology Management	<input type="checkbox"/> Ultrasound
<input type="checkbox"/> Imaging Film			

**Exhibitor/Organization Information:**

Company \_\_\_\_\_ Date \_\_\_\_\_  
*(List as to be displayed in all printed materials)*

If newly formed company, please list previous company name: \_\_\_\_\_

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 \_\_\_\_\_ E-mail (required) \_\_\_\_\_

**Exhibitor Agreement:**

I have read and understand the rules and regulations as stated as part of the 2006 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 Annual Meeting.

Completed by/Signature \_\_\_\_\_ Title \_\_\_\_\_

**Payment: Please indicate payment type**

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

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

**TOTAL PAYMENT WITH CONTRACT: \$ \_\_\_\_\_**

*(Do not write below this line)*

Date Received _____	Contract No _____	Corporate Affiliate Level _____
Points: Date _____	+ Historical _____	+ Bonus _____ = _____
Price of Space \$ _____	Amt. Enclosed \$ _____	Space Assigned _____