



# 55th Annual Meeting & Exhibition - August 4 - 8, 2013 - Indianapolis, Indiana

**EXHIBIT SPACE APPLICATION AND CONTRACT**  
Return by **FEBRUARY 28<sup>th</sup>** for first consideration in space assignment  
Booth assignment will be mailed **March 26<sup>th</sup>**  
Email: [rachel@aapm.org](mailto:rachel@aapm.org) Fax: 301-209-0862

### 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: \_\_\_\_\_

City, State, Zip/Postal Code, Country: \_\_\_\_\_

Email (required): \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Check if address changed from previous year

Marketing Contact Name: \_\_\_\_\_ Email (required): \_\_\_\_\_

### Space Selections:

Booth Numbers (s)	Booth Size	Second Level Size (For Island Booths Only)	# Corners Requested (For Inline Booths Only)	Total Amount
1 <sup>st</sup> _____	_____ X _____	_____ X _____	_____	\$ _____
2 <sup>nd</sup> _____	_____ X _____	_____ X _____	_____	\$ _____
3 <sup>rd</sup> _____	_____ 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 for space assignment:

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

#### Product Line(s):

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

### Exhibitor Agreement:

I have read, understand and agree to adhere to the rules and regulations as stated in the 2013 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 15 (per instructions provided on the invoice.)**