



**AAPM Tabletop Exhibit Space Application**  
**2<sup>nd</sup> AAPM Spring Clinical Meeting • March 16 – March 19**  
**Pointe Hilton Tapatio Cliffs Resort**  
**Phoenix, AZ**



**INSTRUCTIONS FOR SUBMITTING CONTRACT**

**PLEASE COMPLETE AND SUBMIT THIS FORM TO AAPM BY JANUARY 7, 2013 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 **2013 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	\$ 1,105	
Each Additional Table	1 Additional Complimentary Registration	\$ 855	
Publisher's Rate/One 6-Foot Table	1 Complimentary Registration	\$ 605	
<i>Included with rental fee:</i>			
	• 6 ft x 2.5 ft Table	• Waste Basket	
	• 2 Chairs	• Wireless High Speed Internet Access	
<b>Reservation Rental Fee</b>			
<b>One 6-Foot Table</b>		<b>Publisher's Rate</b>	
First Table Rental Fee	\$1,105	First Table Rental Fee	\$605
Number of Additional Tables: _____ x \$ 855 =	\$	Number of Additional Tables: _____ x \$ 855 =	\$
<b>TOTAL RENTAL FEE:</b>		<b>TOTAL RENTAL FEE:</b>	
<b>\$</b>		<b>\$</b>	

**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 2013 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.
- Forward payment to the Post Office Box indicated on the invoice.
- **DO NOT** send payment to AAPM Headquarters.
- 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 7<sup>th</sup>** and, **full payment MUST be received by January 24<sup>th</sup>.**

Please fax, or e-mail space application to: Rachel Smiroldo, (EMAIL) rachel@aapm.org, (FAX) 301-209-0862