



## AAPM Tabletop Exhibit Space Application • 3<sup>rd</sup> AAPM Spring Clinical Meeting

March 15–18, 2014 • Denver Marriott Tech Center • Denver, CO

Please complete and submit this form to AAPM by January 9, 2014 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 **2014 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	\$1,000
Each Additional Table	1 Additional Complimentary Registration	\$750
Publisher's Rate/One 6-Foot Table	1 Complimentary Registration	\$500

Included with rental fee: 6 ft x 2.5 ft Table • 2 Chairs • Waste Basket • WI-FI (basic)

#### Reservation Rental Fee

One 6-Foot Table	Publisher's Rate	
First Table Rental Fee	\$1,000	First Table Rental Fee \$500
Number of Additional Tables: _____ x \$750 =	\$	Number of Additional Tables: _____ x \$500 = \$
<b>Total Rental Fee:</b>	<b>\$</b>	<b>Total Rental Fee: \$</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 2014 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 9<sup>th</sup>** and, **full payment MUST be received by January 23<sup>rd</sup>**. Please fax, or e-mail space application to: Rachel Smioldo, (EMAIL) rachel@aapm.org, (FAX) 301-209-0862