



AAPM Tabletop Exhibit Space Application • 6th AAPM Spring Clinical Meeting

March 18 – 21, 2017 • Hilton New Orleans Riverside • New Orleans, LA

Please complete and submit this form to AAPM by January 17, 2017 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 E-mail (required): _____

Section 2: TABLETOP EXHIBIT SPACE SELECTION & FEE

Review the **2017 AAPM floor plan** to determine your top three table space selections:

List top three selections: 1. _____ 2. _____ 3. _____

Exhibit Space Options	No. of Complimentary Exhibitor Personnel Registrations	Price
Premium Island Exhibit – up to Four 6-Foot Tables	2 Complimentary Registrations	\$2,500
Inline Table Exhibit – One 6-Foot Table	1 Complimentary Registration	\$1,100
Each Additional Table	1 Additional Complimentary Registration	\$850
Publisher's Row	1 Complimentary Registration	\$500

Reservation Rental Fee

Premium Island Exhibit – up to Four 6-Foot Tables	Inline Table Exhibit – One 6-Foot Table	Publisher's Row
___ Up to Four Tables Rental Fee: \$2,500	___ First Table Rental Fee \$1,100	___ First Table Rental Fee \$500
	Number of Additional Tables: ___ x \$850 = \$___	Number of Additional Tables: ___ x \$500 = \$___
Total Rental Fee: \$	Total Rental Fee: \$	Total Rental Fee: \$

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 2017 AAPM Exhibitor Prospectus. I agree that the E-mail/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.

• Payment instructions will be included on the invoice.

• 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 AAPM.

• In order to be considered for first round of space assignment this form must be submitted by **January 17, 2017** and, **full payment MUST be received by January 26th**. Please mail, fax, or E-mail space applications to: **Rachel Smiroldo, rachel@aapm.org**

1631 Prince Street, Alexandria, VA 22314, rachel@aapm.org, 571-298-1230, (Fax) 571-298-1301