

Section 1: EXHIBITOR/ORGANIZATION INFORMATION

Company Name: _____
 Exhibitor Contact Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip/Postal Code _____
 E-mail (required): _____ Tel: _____ Fax: _____

Section 2: VENDOR EDUCATION SESSION – AVAILABLE TIMES

Saturday, March 18 – No Fee

- | | |
|---|---|
| <input type="checkbox"/> 2:00 pm – 3:00 pm Vendor Education Session 1 | <input type="checkbox"/> 3:00 pm – 4:00 pm Vendor Education Session 2 |
| <input type="checkbox"/> 2:00 pm – 3:00 pm Vendor Education Session 2 | <input type="checkbox"/> 4:30 pm – 5:30 pm Vendor Education Session 1 |
| <input type="checkbox"/> 3:00 pm – 4:00 pm Vendor Education Session 1 | <input type="checkbox"/> 4:30 pm – 5:30 pm Vendor Education Session 2 |

Sunday, March 19 - \$200/Per Time Slot

- | | |
|---|---|
| <input type="checkbox"/> 8:00 am – 9:00 am Vendor Education Session 1 | <input type="checkbox"/> 11:30 am – 12:30 pm Vendor Education Session 2 |
| <input type="checkbox"/> 8:00 am – 9:00 am Vendor Education Session 2 | <input type="checkbox"/> 2:00 pm – 3:00 pm Vendor Education Session 1 |
| <input type="checkbox"/> 9:00 am – 10:00 am Vendor Education Session 1 | <input type="checkbox"/> 2:00 pm – 3:00 pm Vendor Education Session 2 |
| <input type="checkbox"/> 9:00 am – 10:00 am Vendor Education Session 2 | <input type="checkbox"/> 3:00 pm – 4:00 pm Vendor Education Session 1 |
| <input type="checkbox"/> 10:30 am – 11:30 am Vendor Education Session 1 | <input type="checkbox"/> 3:00 pm – 4:00 pm Vendor Education Session 2 |
| <input type="checkbox"/> 10:30 am – 11:30 am Vendor Education Session 2 | <input type="checkbox"/> 4:30 pm – 5:30 pm Vendor Education Session 1 |
| <input type="checkbox"/> 11:30 am – 12:30 pm Vendor Education Session 1 | <input type="checkbox"/> 4:30 pm – 5:30 pm Vendor Education Session 2 |

Monday, March 20 - \$200/Per Time Slot

- | | |
|---|---|
| <input type="checkbox"/> 8:00 am – 9:00 am Vendor Education Session 1 | <input type="checkbox"/> 11:30 am – 12:30 pm Vendor Education Session 2 |
| <input type="checkbox"/> 8:00 am – 9:00 am Vendor Education Session 2 | <input type="checkbox"/> 2:00 pm – 3:00 pm Vendor Education Session 1 |
| <input type="checkbox"/> 9:00 am – 10:00 am Vendor Education Session 1 | <input type="checkbox"/> 2:00 pm – 3:00 pm Vendor Education Session 2 |
| <input type="checkbox"/> 9:00 am – 10:00 am Vendor Education Session 2 | <input type="checkbox"/> 3:00 pm – 4:00 pm Vendor Education Session 1 |
| <input type="checkbox"/> 10:30 am – 11:30 am Vendor Education Session 1 | <input type="checkbox"/> 3:00 pm – 4:00 pm Vendor Education Session 2 |
| <input type="checkbox"/> 10:30 am – 11:30 am Vendor Education Session 2 | <input type="checkbox"/> 4:30 pm – 5:30 pm Vendor Education Session 1 |
| <input type="checkbox"/> 11:30 am – 12:30 pm Vendor Education Session 1 | <input type="checkbox"/> 4:30 pm – 5:30 pm Vendor Education Session 2 |

Tuesday, March 21 – No Fee

- | | |
|--|---|
| <input type="checkbox"/> 8:00 am – 9:00 am Vendor Education Session 1 | <input type="checkbox"/> 10:30 am – 11:30 am Vendor Education Session 1 |
| <input type="checkbox"/> 8:00 am – 9:00 am Vendor Education Session 2 | <input type="checkbox"/> 10:30 am – 11:30 am Vendor Education Session 2 |
| <input type="checkbox"/> 9:00 am – 10:00 am Vendor Education Session 1 | <input type="checkbox"/> 11:30 am – 12:30 pm Vendor Education Session 1 |
| <input type="checkbox"/> 9:00 am – 10:00 am Vendor Education Session 2 | <input type="checkbox"/> 11:30 am – 12:30 pm Vendor Education Session 2 |

Section 4: AUTHORIZED SIGNATURE

Signature: _____ Title: _____
 Printed Name: _____ Date: _____

By signing this agreement, you agree and give AAPM permission to bill for any time slot associated with a fee.

INSTRUCTIONS FOR SUBMITTING CONTRACT

- Upon receipt of Vendor Education Session Contract, Exhibitors will be sent an invoice.
- 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 the AAPM.

**Please mail, fax, or E-mail completed contracts to: Rachel Smiroldo, rachel@AAPM.org
 1631 Prince Street, Alexandria VA 22314, rachel@AAPM.org, 571-298-1230, (Fax) 571-298-1301**