

AAPM Tabletop Exhibit Space Application • 7th AAPM Spring Clinical Meeting
 April 7 – 10, 2018 • JW Marriott Las Vegas Resort and Spa • Las Vegas, NV

Please complete and submit this form to AAPM by February 6, 2018 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

Additional contact name to receive emails related to the Meeting (please print): _____

Additional contact e-mail to receive emails related to the Meeting (required): _____

Section 2: TABLETOP EXHIBIT SPACE SELECTION & FEE

Review the **2018 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 Three 6-Foot Tables	2 Complimentary Registrations	\$2,500 \$5,000 (With Reception Sponsorship)
Inline Table Exhibit – One 6-Foot Table	1 Complimentary Registration	\$1,200
Each Additional Table	1 Additional Complimentary Registration	\$850
Publisher's Row	1 Complimentary Registration	\$500

Reservation Rental Fee		
Premium Island Exhibit – up to Three 6-Foot Tables	Inline Table Exhibit – One 6-Foot Table	Publisher's Row
___ \$2,500 ___ \$5,000 (With Reception Sponsorship)	___ First Table Rental Fee \$1,200	___ First Table Rental Fee \$500
	___ Additional Tables: \$850	___ Additional Tables: \$500
Total Rental Fee: \$	Total Rental Fee: \$	Total Rental Fee: \$

Competitor Proximity:

List any Exhibitors you wish to be near: _____ List any Exhibitors you do not wish to be near: _____

1. _____ 1. _____

2. _____ 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 2018 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 assignments this form must be submitted by **February 6, 2018** and, **full payment MUST be received by February 15, 2018. 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**