

**AAPM Tabletop Exhibit Space Application • 8<sup>th</sup> AAPM Spring Clinical Meeting**  
 March 30 – April 2, 2019 • Gaylord Palms Resort and Convention Center • Kissimmee, FL

Please complete and submit this form to AAPM by January 29, 2019 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 Company Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Buyers Guide Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 2: TABLETOP EXHIBIT SPACE SELECTION & FEE**

Review the **2019 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 2019 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 **January 29, 2019** and, **full payment MUST be received by February 7, 2019. Please mail, fax, or E-mail space applications to: Rachel Smioldo, rachel@AAPM.org 1631 Prince Street, Alexandria, VA 22314, rachel@AAPM.org, 571-298-1230, (Fax) 571-298-1301**