



# 68th ANNUAL MEETING

Miami, FL • March 5-9, 2010

## SPACE APPLICATION/CONTRACT

Deposit: _____	ID Number: _____
Dep. Date: _____	Invoice #: _____
Pay Type: _____	Booth #: _____
Type: INL CRN PNS ISL	Reassigned: _____
Dimensions: _____	Reassign Date: _____

<p><b>A. Program Book Information:</b> (Complete as it should appear in the printed material.)</p> <p>Company Name (Not to exceed 50 characters) _____</p> <p>Address: _____</p> <p>City: _____ State/Country: _____ Zip: _____</p> <p>( ) _____ ( ) _____ Customer Service Phone Fax</p> <p>Customer Service Email: _____</p> <p>Web site: _____</p>	<p><b>B. Mailing Information:</b> (If different from Section A.)</p> <p>Contact Name _____</p> <p>Professional Title _____</p> <p>Company Name _____</p> <p>Mailing Address (Street Address Only) _____</p> <p>City _____ State/Country _____ Zip _____</p> <p>Phone ( ) _____ Fax ( ) _____</p> <p><b>*Contact Email: (Required for AAD correspondence purposes only.)</b></p>
---	---

**C. Space Requested:** (Please indicate booth choices in order of preference as selected from the floor plan.)

<b>Booth #(s):</b>	<b>Booth #(s):</b>
1st Request: _____	3rd Request: _____
2nd Request: _____	4th Request: _____
Space requested: _____ x _____ at total cost of \$ _____	Deposit (25%): \$ _____

Do not concentrate choices in one area. *AAD reserves the right to the final determination of booth location.*

Check if applicable:  First time exhibitor\*  Displaying a new product/service\* \*Company's profile and current product literature must accompany application.

<p><b>D. Booth Preferences:</b></p> <p>Type of booth preferred:</p> <p><input type="checkbox"/> Linear (\$27.00/sq.ft)</p> <p><input type="checkbox"/> Corner (\$28.00/sq.ft)</p> <p><input type="checkbox"/> Peninsula (\$29.00/sq.ft)</p> <p><input type="checkbox"/> Island (\$30.00/sq.ft)</p> <p>What is more important: (rank 1 to 2, "1" being most important, "2" being least important)</p> <p>___ Type of booth (inline, corner, island)</p> <p>___ Location of booth</p>	<p><b>E. Product Categories:</b> (Please mark all that apply for use in the Program Book.)</p> <table border="0"> <tr> <td><input type="checkbox"/> Associations, Foundations &amp; Medical Societies</td> <td><input type="checkbox"/> Medical Lighting Equipment</td> </tr> <tr> <td><input type="checkbox"/> Clothing</td> <td><input type="checkbox"/> Office Equipment &amp; Supplies</td> </tr> <tr> <td><input type="checkbox"/> Computer Software &amp; Hardware</td> <td><input type="checkbox"/> Practice Management</td> </tr> <tr> <td><input type="checkbox"/> Cosmetics &amp; Skin Care</td> <td><input type="checkbox"/> Other Medical Equipment &amp; Supplies</td> </tr> <tr> <td><input type="checkbox"/> Disposable Medical Supplies</td> <td><input type="checkbox"/> Pharmaceutical</td> </tr> <tr> <td><input type="checkbox"/> EMR/EHR Systems</td> <td><input type="checkbox"/> Photographic Equipment &amp; Imaging Services</td> </tr> <tr> <td><input type="checkbox"/> Laboratory Services</td> <td><input type="checkbox"/> Phototherapy Supplies &amp; Equipment</td> </tr> <tr> <td><input type="checkbox"/> Laser &amp; Laser Supplies</td> <td><input type="checkbox"/> Publishing &amp; Educational Materials</td> </tr> <tr> <td><input type="checkbox"/> Market Research</td> <td><input type="checkbox"/> Surgical Instruments</td> </tr> </table> <p><b>Indicate one primary product category from the list above for the Virtual Hall listing.</b></p> <p>_____</p>	<input type="checkbox"/> Associations, Foundations & Medical Societies	<input type="checkbox"/> Medical Lighting Equipment	<input type="checkbox"/> Clothing	<input type="checkbox"/> Office Equipment & Supplies	<input type="checkbox"/> Computer Software & Hardware	<input type="checkbox"/> Practice Management	<input type="checkbox"/> Cosmetics & Skin Care	<input type="checkbox"/> Other Medical Equipment & Supplies	<input type="checkbox"/> Disposable Medical Supplies	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> EMR/EHR Systems	<input type="checkbox"/> Photographic Equipment & Imaging Services	<input type="checkbox"/> Laboratory Services	<input type="checkbox"/> Phototherapy Supplies & Equipment	<input type="checkbox"/> Laser & Laser Supplies	<input type="checkbox"/> Publishing & Educational Materials	<input type="checkbox"/> Market Research	<input type="checkbox"/> Surgical Instruments
<input type="checkbox"/> Associations, Foundations & Medical Societies	<input type="checkbox"/> Medical Lighting Equipment																		
<input type="checkbox"/> Clothing	<input type="checkbox"/> Office Equipment & Supplies																		
<input type="checkbox"/> Computer Software & Hardware	<input type="checkbox"/> Practice Management																		
<input type="checkbox"/> Cosmetics & Skin Care	<input type="checkbox"/> Other Medical Equipment & Supplies																		
<input type="checkbox"/> Disposable Medical Supplies	<input type="checkbox"/> Pharmaceutical																		
<input type="checkbox"/> EMR/EHR Systems	<input type="checkbox"/> Photographic Equipment & Imaging Services																		
<input type="checkbox"/> Laboratory Services	<input type="checkbox"/> Phototherapy Supplies & Equipment																		
<input type="checkbox"/> Laser & Laser Supplies	<input type="checkbox"/> Publishing & Educational Materials																		
<input type="checkbox"/> Market Research	<input type="checkbox"/> Surgical Instruments																		

**F. Virtual Hall Upgrade:**

Yes, Please add my company email and Web site link to the standard online exhibitor listing at a cost of \$100.00 for a 12 (twelve) month period beginning September 2009.

We/I agree to pay with the application either the total charge or 25% thereof, upon submission of this application with the balance due by **November 18, 2009**. We/I agree to abide by all the rules and regulations governing exhibitors set forth in the Technical Exhibit Prospectus which is incorporated herein and made a part of this contract, and to all conditions which exhibit space in the Miami Beach Convention Center is leased to the American Academy of Dermatology, Inc. See the Technical Exhibit Prospectus for full explanation of payment, deposit, and refund policies.

**G. Authorized Signature:** \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**H. Payment Information**

**Make checks payable to** (return white copy with remittance in U.S. Funds only) \_\_\_\_\_

**United States Postal Service Address**  
American Academy of Dermatology  
ATTN: Meetings & Conventions Dept.  
5000 Eagle Way, Chicago, IL 60678-1500

**Federal Express, UPS & Express Mail Address**  
American Academy of Dermatology  
ATTN: Meetings & Conventions Department  
930 E. Woodfield Road, Schaumburg, IL 60173

**If paying by credit card:**  VISA  MasterCard  American Express

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Name on Card – Printed: \_\_\_\_\_

Billing Address of Card – Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_**

Please automatically charge the balance owed on November 18, 2009 to the credit card submitted above.

This contract is accepted and the booth number(s) listed in the top right corner have been assigned. The balance remaining is due on/before **November 18, 2009**.

**Date Accepted:** \_\_\_\_\_ **By:** \_\_\_\_\_  
American Academy of Dermatology