

EXHIBITOR BOOTH APPLICATION/CONTRACT



Exposition dates: January 22-24, 2013 | San Diego Convention Center

Send your application in prior to the early-bird deadline (August 15, 2012) for priority placement!

Please print or type information.

COMPANY NAME _____

CONTACT PHONE _____

CONTACT PERSON _____

TITLE _____

E-MAIL _____

WEBSITE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

GO GREEN! ☐ Check here if you wish to begin receiving your exhibiting information electronically!

SIGNATURE _____

DATE _____

By signing this application, you are stating that your company is not a physician-owned practice. For clarification, see the Referral for Profit section at www.apta.org/CSM/Exhibit. In addition, by signing this application, you are agreeing that you have read and will adhere to the Rules and Regulations that can be found at www.apta.org/CSM/Exhibit.

Booth Information

Preferred location: ☐ Exhibit Hall ☐ Career Center ☐ Corner ☐ In-line

Total # of booths _____ Preferred booth #: 1. _____ 2. _____
3. _____ 4. _____

Please place us near/away from the following companies: (near / away):

If you have exhibited previously under another name, please provide name: _____

Please provide the name of your insurance company: _____

Applications received after August 15, 2012, will be processed on a first-come, first-served basis. For applications received before August 15, 2012, the balance is due on October 10, 2012. All information must be complete in order for application to be processed. Forms with no payment info will not be processed.

Booth Fees

	BEFORE Early bird Deadline of August 15, 2012	AFTER Early bird Deadline of August 15, 2012
Inline 10 x 10	\$2,450	\$2,600
Corner 10 x 10	\$2,650	\$2,800
Island 20 x 20 Per Square Foot	\$28 psf	\$29 psf
Career Center (Inline 10 x 10)	\$1,400	\$1,550
Career Center (Corner 10 x 10)	\$1,600	\$1,750
Nonprofit (Inline 10 x 10) (Must provide 501(c) form)	\$1,100	\$1,250

Payment Information

50% deposit is due with applications received **before August 15, 2012**. Applications received **after August 15, 2012**, require full payment (100%) with application.

Applications with no payment information will not be accepted.

☐ **CHECK \$** _____ (payable to APTA)

☐ **CREDIT CARD:** ☐ Visa ☐ MasterCard ☐ American Express

CARD NUMBER _____ EXPIRATION DATE _____

NAME ON CARD _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

CARDHOLDER SIGNATURE _____

AMOUNT TO BE CHARGED*\$ _____ (* Subject to change based on booth space availability and assignment)

Initials: ____ If you are paying by credit card, please initial on the line to authorize APTA to charge the balance due on your account on October 10, 2012.

Please send completed application with payment to:

Karen Kimakovich, Exhibits APTA, A. Fassano & Company, 900 Route 168, Suite A-2, Turnersville, NJ 08012.

Phone: 856/232-2322 or e-mail: karen_kimakovich@AFassanoCo.com.

Cancellation Policy: All cancellations must be received in writing. Nonprofit/career center booths: no refunds. Please refer to the Rules and Regulations at www.apta.org/CSM/Exhibit for further details on our cancellation policy.

FDA

Product(s) to be displayed: _____ Exempt _____ Cleared _____
