

# 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](http://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](http://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](mailto: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](http://www.apta.org/CSM/Exhibit) for further details on our cancellation policy.

## FDA

Product(s) to be displayed: \_\_\_\_\_ Exempt \_\_\_\_\_ Cleared \_\_\_\_\_

\_\_\_\_\_ Exempt \_\_\_\_\_ Cleared \_\_\_\_\_