

July 20, 2018 is the deadline for early bird rates and priority placement.
Applications will be accepted until January 2, 2019 unless hall sells out earlier.

1 PLEASE PRINT OR TYPE INFORMATION.

COMPANY NAME _____
 WEB ADDRESS _____
 TWITTER HANDLE _____
 PRIMARY CONTACT _____
 E-MAIL _____
 PHONE _____
 CELL PHONE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 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 in the Rules and Regulations found below. 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 below.

If you are a new exhibitor, your company and products must be approved by APTA. While your exhibit space is pending approval, we recommend that you do not make any arrangements for participation until you receive an acceptance notice. Payments submitted with your application will not be deposited until your company has been approved.

2 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: _____

BOOTH FEE INCLUDES: pipe/drape and ID sign. Other items including furniture, electric, carpet, etc are available for additional fees. Carpet is required. Please refer to Rules and Regs below for details.

	BEFORE Early bird Deadline of July 20, 2018	AFTER Early bird Deadline of July 20, 2018
In-line 10' x 10'	<input type="checkbox"/> \$2,650	<input type="checkbox"/> \$2,800
Corner 10' x 10'	<input type="checkbox"/> \$2,850	<input type="checkbox"/> \$3,000
Island Per square foot (psf)	<input type="checkbox"/> \$30.00 psf	<input type="checkbox"/> \$31.00 psf
Career Center (In-line 10' x 10')	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,650
Career Center (Corner 10' x 10')	<input type="checkbox"/> \$1,700	<input type="checkbox"/> \$1,850
Nonprofit (In-line 10' x 10') (must provide 501 ^c form)	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,350

I am interested in learning about marketing, promotional, branding and sponsorship opportunities available at CSM 2019.

Cancellation Policy: All cancellations must be submitted in writing to Julie Hilgenberg (juliehilgenberg@apta.org) and confirmed in writing.
August 3 - last date to cancel with exhibitor responsible for 25% of booth fee
September 14 - last date to cancel with exhibitor responsible for 50% of booth fee
September 15 - exhibitor responsible for 100% of booth fee. **NO REFUNDS.**

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

Applications without products listed will not be processed.

Please follow instructions below for application and payment:

Sending check?

Mail check payable to APTA and include completed application to: Exhibits APTA, A. Fassano & Company, 461 Route 168, Unit A, Turnersville, NJ 08012.

Paying by credit card?

Email: CSMprocessing@AFassanoCo.com

Use this secure encryption-forcing line:
 [Confidential] APTA Exhibit Application

Questions? Karen Kimakovich - Phone: 856/302-0887



3 APPLICATION REQUIREMENTS AND PAYMENT INFORMATION

Applications received on or before **July 20, 2018** must include a 50% deposit and will be assigned in priority placement order. Final payment due by **September 21, 2018**. Applications received after **July 20, 2018** must include full payment and will be assigned in order received. Applications with missing information/payment will not be processed. Applications with credit card information are received and processed utilizing PCI Compliant Encryption Standards. Due to PCI Compliance, we do not keep credit card numbers on file for the second payment.

CHECK \$ _____ (payable to APTA)

CREDIT CARD:

Visa MasterCard American Express Discover

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

NAME ON CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____

ZIP _____

CARDHOLDER SIGNATURE _____

AMOUNT TO BE CHARGED*\$ _____

(*Subject to change based on booth space availability and assignment)



