

EXHIBITOR APPLICATION/CONTRACT

EXPOSITION DATES: JUNE 21-23, 2017 | BCEC | BOSTON, MA

Send your application in by the **February 24, 2017** deadline for priority placement!

PLEASE PRINT OR TYPE INFORMATION.

COMPANY NAME _____ WEB ADDRESS _____ TWITTER ADDRESS _____
 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 at www.apta.org/NEXT/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/NEXT/Exhibit.

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.

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: _____

Please contact me regarding sponsorship opportunities

| | BOOTH RATES* |
|---|---------------------------------------|
| In-line 10' x 10' | <input type="checkbox"/> \$2,150* |
| Corner 10' x 10' | <input type="checkbox"/> \$2,350* |
| Island Per square foot (psf) | <input type="checkbox"/> \$23.50 psf* |
| Career Center (In-line 10' x 10') | <input type="checkbox"/> \$1,275* |
| Career Center (Corner 10' x 10') | <input type="checkbox"/> \$1,375* |
| Nonprofit (In-line 10' x 10') (must provide 501 ^c form) Booth placed in Career Center only. | <input type="checkbox"/> \$1,150* |

*BOOTH RATES INCLUDE: One 6 ft table, two side chairs, 10x10 carpeting, wastebasket, ID sign



Official meeting Vendors will display the APTA logo in all communications. If outside vendors contact you for housing, meeting space, mailing lists, or other offers, beware of scams and potential fraud. Use only APTA Official Meeting Vendors.

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/next/exhibit for further details on our cancellation policy.

CANCELLATION DATES:

April 7, 2017 – last date to cancel with exhibitor responsible for 25% of booth fee
 May 5, 2017 – last date to cancel with exhibitor responsible for 50% of booth fee.
 May 6, 2017 – exhibitor responsible for 100% of booth fee. No refunds.

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

APPLICATION REQUIREMENTS AND PAYMENT INFORMATION

Applications received on or before **February 24, 2017** must include a 50% deposit and will be assigned in priority placement order. Final payment due by **March 24, 2017**. Applications received after **February 24, 2017** 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)

Please send completed application and check payable to APTA to:



Exhibits APTA, A. Fassano & Company, 461 Route 168, Unit A, Turnersville, NJ 08012.

E-mail (with payment information) only to: processing@AFassanoCo.com

Questions? Karen Kimakovich - Phone: 856/302-0887 or e-mail: karen_kimakovich@AFassanoCo.com

