

EXHIBIT SPACE APPLICATION

Please type or print clearly.

Exhibit Contact: _____ Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____ Company Website: _____

NUMBER OF 10' X 10' EXHIBIT BOOTH SPACES REQUESTED: _____

(See the back cover for the sample Exhibit Hall floor plan.)

1st Choice _____ 2nd Choice _____ 3rd Choice _____

List any probable exhibitor you do not wish to be near:

(Note: Avoidance of a specific exhibitor may affect booth location.)

- _____ Island @ \$7,000
- _____ Booth(s) @ \$1,500
- _____ Booth(s) @ \$1,200
- _____ Booth(s) @ \$700 Non-Profit (501(C)(3) status only)

One half of the booth(s) cost is due with this application. Payment in full is due by **September 7, 2007. Deposits are non-refundable.**

LITERATURE TABLE:

Reserve ___ space(s) on the Literature Table @ \$300 (for profit) or \$150 (non-profit) (501(C)(3) status only) per piece displayed = \$ _____

(A sample of each piece to be displayed must be included with your application and payment. Each piece will need pre-approval.)

Deadline is September 7, 2007.

METHOD OF PAYMENT:

Prices are in U.S. currency.

Check enclosed (made payable to AACAP) for\$ _____

Balance due\$ _____

I authorize AACAP to charge\$ _____

to my Visa MasterCard American Express

Cardholder Name: _____

Account Number: _____ Expires: _____

Signature: _____

Credit Cards Only: Fax your application to 202.966.5894

Attention: Exhibits

Check: Mail application along with payment to: AACAP, Attn: Exhibits, 3615 Wisconsin Avenue, N.W., Washington, DC 20016-3007.

EXACT NAME TO BE USED ON COMPLIMENTARY TWO-LINE IDENTIFICATION SIGN:

Company Name: _____

City, State/Province, Country: _____

TYPED DESCRIPTION OF YOUR PRODUCT OR SERVICE (50 WORDS OR LESS):

This information will be provided to all registrants in the *Exhibits Guide*. Please limit the description to 50 words and submit it with this application form. **Deadline is August 10, 2007.** After that date, product descriptions will not be accepted due to publication deadlines. Email your description to exhibits@aacap.org.

TYPE OF PRODUCT/SERVICE:

- association educational media govt. agency non-profit
- pharmaceutical publisher recruiter research software
- therapeutic product treatment center other, explain: _____

WE HAVE READ AND AGREE TO ABIDE BY THE EXHIBIT RULES AND REGULATIONS AND AACAP OPERATING PRINCIPLES AS LISTED IN THE BROCHURE AND ON THE AACAP WEBSITE. THIS FORM BECOMES A CONTRACT WHEN SIGNED:

Name: _____ Title: _____

Company: _____ Date: _____

Signature: _____

FOR AACAP USE ONLY (DO NOT WRITE IN THIS SPACE)

Date Received: _____ Deposit: _____

Total Cost: _____ Bal. Due: _____

Booth Assigned: _____ Invoice #: _____

Bal. Rec'd.: _____