

APPLICATION TO EXHIBIT

ASDS Regional Courses Dates and Locations:

THE ART AND SCIENCE OF SOFT-TISSUE FILLERS AND NEUROTOXINS

June 9-10, 2012 – Houston, TX September 8-9, 2012 – Boston, MA November 10-11, 2012 – San Diego, CA

Benefits for Exhibiting Company

In return for exhibit space payment, ASDS will provide:

- Opportunity to send up to two company representatives to network with approximately 40 dermatologic surgeons during breakfast, lunch and breaks
- Tabletop exhibit(s) in the breakfast, lunch and break room
- Company name listed among exhibitors in onsite course materials and promotional ads (application date dependant)

Exhibitor Information: (Please complete exactly as it should appear in any printed material)

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

Website: _____

Exhibit Contact: (person to whom all exhibit-related information should be sent. Communication will be via email.)

Name: _____ Title: _____

Email: _____ Phone: _____

Exhibit Space requested: (6 foot tables will be provided around perimeter of room)

One table at each course checked above for a total of **\$500 per course**

- We will require electricity for our tabletop display and understand there may be an additional charge from the hotel.
- We will NOT require electricity for our tabletop exhibit.

Terms and Conditions The ASDS Courses are for scientific and educational purposes only and will not promote any specific proprietary business interest of the Exhibiting Company. The ASDS is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity. The Exhibiting Company will not require the ASDS to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this support. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsors, or any others involved with the supported activity. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity with the exception of information disseminated from the Exhibiting Company table-top exhibit space. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Promotional materials cannot be displayed or distributed in any way in any form at any time within the education space. The Exhibiting Company may not engage in sales or promotional activities while in the space or place of the CME activity. The Exhibiting Company may not be the agent providing the CME activity to the learners. The ASDS will ensure that the name of each Exhibiting Company is listed on the full list of Exhibitors provided to course registrants. Only company names may be listed, with corresponding company logo. Brand names, trade-names or related logos will not be included.

Full payment is expected with the application. We/I agree to abide by all terms and conditions set forth above, and to all conditions under which exhibit space is leased to the American Society for Dermatologic Surgery. No refund of any payment will be allowed for voluntary cancellation within four (4) weeks of the course dates.

Authorized Signature: _____ **Date:** _____

Preferred Payment Method: Balance in full \$ _____

Make checks payable (in U.S. Funds) to American Society for Dermatologic Surgery and mail with your application to: American Society for Dermatologic Surgery • 3621 Solutions Center • Chicago, IL 60677-3006

VISA MasterCard American Express Card # _____ Exp. Date _____

Signature _____ Cardholder Name _____

If paying by credit card you may fax this application to the ASDS office at 847-956-0999.

For use of exhibit management only:

Payment in full in the amount of \$ _____ is hereby acknowledged. Date Accepted: _____

By: _____

American Society for Dermatologic Surgery

For more information, please contact...
Dana Brown, Trade Show and Advertising Sales Specialist,
at (847) 956-9136 or dbrown@asds.net