

MASTERS CIRCUIT: ADVANCED AESTHETICS AND LASERS

March 23-24, 2018 • Gateway Aesthetic Institute and Laser Center • Salt Lake City, UT

COSMETIC AND RECONSTRUCTIVE EXPERTISE
FOR YOUR skin health and beauty™

Benefits for Exhibiting Company

In return for exhibit space payment, ASDS will provide:

- A unique exhibiting experience at the state-of-the-art office of Mark B. Taylor, MD
- Opportunity to send one company representative to network with an expected 25 dermatologic surgeons (20 attendees and 5 faculty) during lunch and breaks on Friday, March 23
- 6' draped table and chair
- Company name listed among exhibitors in onsite course materials (application date dependant)
- A complimentary course pre-registration list

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 located around perimeter of room)

- One tabletop exhibit space for the fee of \$500.
 OPTIONAL – One representative to attend the Friday evening group dinner from 6:15 - 8 pm for the fee of \$100.
 We will require electricity for our tabletop display. We will NOT require electricity for our tabletop exhibit.

Terms and Conditions ASDS Courses are for scientific and educational purposes only and will not promote any specific proprietary business interest of the exhibiting company. 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 education, selection of education methods, and the evaluation of the activity. The exhibiting company will not require 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 educational activity with the exception of information disseminated from the exhibiting company's tabletop 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 educational activity. The exhibiting company may not be the agent providing the educational activity to the learners. ASDS will ensure that the name of every 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. ASDS and the course facility shall be indemnified from any loss or damage to the exhibitor and or the exhibit materials. No refund of any payment will be allowed for voluntary cancellation within four (4) weeks of the course start date.

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 • 5550 Meadowbrook Drive, Suite 120 • Rolling Meadows, IL 60008

VISA **MasterCard** **AmEx** **Discover** Card # _____ Exp. Date _____

Billing Zip Code _____ Signature _____ Cardholder Name _____

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

For use by 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