## **EXHIBIT SPACE APPLICATION**

Date Accepted: \_

ASDS Annual Meeting • October 3 - 6, 2013 Hyatt Regency Chicago • Chicago, IL





## Deadline for priority point space assignments: April 10, 2013

Exhibitor Information for Final Program: (Please complete EXACTLY as it should appear in printed material)

Company Name:				
•				
	State/Province:		tal Code	Country:
Website:				
Exhibit Contact: (Person to whom all exhi	bit-related information should be sent. Commi	unication will be via email.)		
Name:		Title:		
Email:	Phone:			
Exhibit booth(s) requested: (See floor p	lan on page 10)			
Size: □ 10'x10' - \$2,800 □ 10'x20'	- \$5,600 🔲 10'x30' - \$8,400 🔲 10	0'x40' - \$11,200	- \$14,000	<b>1</b> 10'x60' - \$16,800
1st choice #	2nd choice #	3rd choice #		4th choice #
We WANT TO BE NEAR the following compan	ies:			
We DO NOT WANT TO BE NEAR the following	companies:			
	nt to you:Booth locationNear co			
	r (If checked, current product literature must a			
☐ Check here if you will be utilizing a laser (		,		
	be Printed in Final Program: Upon subn riptions are limited to 50 words or less and			
	ssion of application and full payment, please a and black & white, in vector format (Adobe II			
3. Product Categories: Please mark the	e categories that best represent your company	for use in the Final Program. Ch	eck all that apply	
☐ Associations, Foundations & Medical	☐ Electronic Health Records	☐ Lipo & Fat Grafting		☐ Soft Tissue Fillers
Societies  Body Contouring	☐ Financing/Payment Processing Solutions	<ul><li>□ Marketing Medical Pra</li><li>□ Office Equipment &amp; Su</li></ul>		☐ Surgical Instruments/Supplies☐ Ultrasound
☐ Computer Software & Hardware	☐ Hair Restoration	☐ Practice Management		☐ Website Design/Services
☐ Cosmetics/Skin Care Products	☐ Laboratory Services	☐ Pharmaceutical		☐ Other
☐ Digital Photography/Imaging	☐ Laser & Laser Supplies	☐ Publishing & Education Materials		
of this contract, and to all conditions under v		ago is leased to the American Soc	ciety for Dermatol	anying Exhibitor Prospectus, which is made part logic Surgery. No refund of any payment will be received on or before August 7, 2013.
Authorized Signature:			Date:	
Preferred Payment Method: Balance	e in full \$		SEE BOX AF	BOVE. Be sure to submit your 50-word
	merican Society for Dermatologic Surgery and rgery • 5550 Meadowbrook Drive, Suite 120 •		company/p logo to Da	product description and your company na Brown at <i>dbrown@asds.net</i> at the
☐ VISA ☐ MasterCard ☐American Exp	ress		time you s	submit your application and payment.
Card #	Exp. Date	Signature		
If paying by credit card you may fax this	application to the ASDS office at 847-956-0	999		
FOR USE BY EXHIBIT MANAGEMENT ONLY:				
This contract is accepted and booth(s)		ed at a total cost of \$	·	COMPANY ID #
Payment in full in the amount of \$	is hereby acknowled	lged.		

By: \_\_\_

American Society for Dermatologic Surgery