

APPLICATION/CONTRACT FOR EXHIBIT SPACE

Plastic Surgery 2009 • Washington State Convention & Trade Center
 Meeting Dates: October 23-27, 2009 • Exhibit Dates: October 24-26, 2009



CONTACT INFORMATION

Official Contact	Title	
Company		
Address		
City	State/Country	ZIP
Telephone	Fax	
Email	Website	

Only the person designated as the ASPS Official Contact will receive all exhibit related materials. This information will be printed in the Official Program unless updated by exhibitor online prior to published deadline date.

Type of Booth Preferred: Inline (\$28/sq. ft.) Corner (\$32/sq. ft.) Island (\$32/sq. ft.)

Space Size Requested: _____ x _____ (example 10' x 10', 10' x 20', etc.)

Booth #(s) Preferred: 1) _____ 2) _____ 3) _____ 4) _____

Exhibitors/products not wanted in close proximity (if possible):

Note: If your company has not previously exhibited at an ASPS/ASMS annual meeting, your current product literature must be enclosed with application.

Exhibitors/products preferred in close proximity (if possible):

Exhibitors may display only those products or services that they manufacture or regularly distribute. If applicable, list all such companies that will be represented in your allotted booth space:

Products to be displayed at meeting:

PRODUCT/SERVICE CATEGORIES: Review the categories below and check up to five (5) categories that apply to your exhibit.

- | | | | | |
|---|---|---|--|---|
| Computer
<input type="checkbox"/> Hardware
<input type="checkbox"/> Imaging
<input type="checkbox"/> Software
<input type="checkbox"/> Internet Services
Cosmetics/Skin Care
<input type="checkbox"/> Camouflage
<input type="checkbox"/> Cleaners/Soaps
<input type="checkbox"/> Creams & Lotions
<input type="checkbox"/> Peels
<input type="checkbox"/> Other _____
<input type="checkbox"/> Fiber Optics
<input type="checkbox"/> Furniture | Garments
<input type="checkbox"/> Elastic
<input type="checkbox"/> Other _____
Implants and Prostheses
<input type="checkbox"/> Bone
<input type="checkbox"/> Breast
<input type="checkbox"/> Chin
<input type="checkbox"/> Expanders
<input type="checkbox"/> Malar
<input type="checkbox"/> Maxillofacial
<input type="checkbox"/> Plating Systems
<input type="checkbox"/> Prosthesis
<input type="checkbox"/> Rhinoplasty
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Lights/Lighting
<input type="checkbox"/> Microdermabrasion
<input type="checkbox"/> Monitoring Equipment
Office/Practice Management
<input type="checkbox"/> Facility Consultants
<input type="checkbox"/> Financial/Planning Services
<input type="checkbox"/> Marketing Research Services
<input type="checkbox"/> Telephone Equipment Systems
<input type="checkbox"/> Patient Education
<input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> Photography
<input type="checkbox"/> Professional Organization | <input type="checkbox"/> Publisher
<input type="checkbox"/> Skin Closure/Sutures
Surgical Instruments and Equipment
<input type="checkbox"/> Electrosurgery
<input type="checkbox"/> Endoscopic
<input type="checkbox"/> Lasers
<input type="checkbox"/> Liposuction
<input type="checkbox"/> Micropigmentation
<input type="checkbox"/> Microscopes/Loupes
<input type="checkbox"/> Microsurgical Instruments
<input type="checkbox"/> Refurbished/Reconditioned
<input type="checkbox"/> Sterilization
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Wellness
Wound Care
<input type="checkbox"/> Beds/Flotation Therapy
<input type="checkbox"/> Catheters/Drains
<input type="checkbox"/> Dressings/Splints
<input type="checkbox"/> Gel Sheeting
<input type="checkbox"/> Leeches
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|---|---|---|--|---|

Booth Fees: \$28/sq. ft. or \$2,800 for each 10' x 10' Inline; \$32/sq. ft. or \$3,200 for each 10' x 10' Corner. Multiple linear configurations will be calculated at these rates. \$32/sq. ft. for Island booths. Prices are listed in the Exhibit, Corporate Support and Advertising Opportunities brochure. Fifty percent (50%) of the required booth fee must accompany the Application/Contract for Exhibit Space. Applications postmarked after **May 4, 2009** must be accompanied with full payment. Mail contract and check payable to ASPS in U.S. funds to: ASPS Finance Dept. 444 East Algonquin Road, Arlington Heights, IL 60005-4664. **Credit cards are not accepted for booth payment.**

By providing the above information and signing this form, I expressly consent to the delivery of communications promoting the commercial availability or quality of any events, goods, or services from the American Society of Plastic Surgeons and/or any entity acting on behalf of such organizations at any of the above contacts, whether by facsimile, electronic mail, or regular mail. To the extent consent is given on behalf of an organization, I certify that I have authority to give such consent.

Exhibitor agrees to abide by the terms and conditions on the back of this application and the rules and regulations in the 2009 online Exhibitor Service Manual and mailed with your confirmation packet, which are made a part of this application by reference and are incorporated herein as part of the application. In the event that the spaces chosen are unavailable, you agree to accept the booth(s) assigned. This application is to be effective upon acceptance by ASPS. A signed copy of the application will be returned to the exhibitor with space assignment.

Agreed to:

Signature of Official Representative _____ Date _____

Accepted by:

ASPS Exhibits Department _____ Date _____

Applications will not be processed without:

- Fifty percent deposit check payable to ASPS (U.S. funds)
- Product/Service Listing section completed above
- **If first-time ASPS exhibitor, company's current product literature must accompany application**
- Signature of official representative

FOR ASPS USE ONLY BOOTH ASSIGNMENT _____

PLASTIC SURGERY 2009

EXHIBIT TERMS AND CONDITIONS

In submitting this application, the exhibitor agrees to subscribe to all requirements, restrictions, and any other directives issued by the American Society of Plastic Surgeons (ASPS) in connection with Plastic Surgery 2009. This includes, but is not limited to, information contained in the Exhibit, Corporate Support, and Advertising Opportunities brochure, the confirmation materials and rules and regulations included in the Exhibitor Service Manual.

1. Application for Exhibit Space

This application must be completed and accompanied by a check payable to ASPS in U.S. funds for 50% of the total booth fee. Incomplete applications will not be processed. Applications postmarked after **May 4, 2009** must be paid in full. Inclusion in official ASPS publications cannot be guaranteed if application is received after **August 3, 2009**.

2. Exhibit Eligibility

All products and services to be exhibited must be directly related to the practice and advancement of the art and sciences of plastic surgery and the professional education of the members of ASPS and ASMS, and must be disclosed on the Application/Contract for Exhibit Space. Applications from exhibitors that have outstanding balances due ASPS, its contractors or vendors will not be processed without full payment of delinquent accounts. The Exhibits Committee reserves the right to determine the eligibility of all exhibit space applicants. If your company has not previously exhibited at an ASPS meeting, your current product literature must be enclosed with your Application/Contract for Exhibit space. Applications deemed ineligible by the Exhibits Committee will be returned with a complete refund of Exhibit Space deposit.

3. Exhibitor's Representatives

The official representative listed on the Application for Exhibit Space shall act on behalf of the exhibitor in all negotiations.

4. Assignment of Booth Space

For companies that submit contracts **prior to February 2, 2009** exhibit space will be assigned based upon a priority point system and they will be eligible to participate in the Online Space Assignment. Applications/Contracts received **after February 2, 2009** will be assigned space on a first-come, first-served basis. **We accept contracts until all exhibit space is sold.**

ASPS reserves the right to rearrange the floor plan at any time. ASPS reserves the right to relocate exhibitors should it become necessary for causes beyond the control of ASPS, or advisable in the best judgement of ASPS. After assignment of space, exhibitor agrees to accept relocation to other comparable exhibit space if ASPS deems such a relocation to be necessary or appropriate.

5. Exhibitor Use of Space

Exhibitors may not assign or sublet to others the whole or any part of the space allocated. Displays are limited to goods or services manufactured or regularly distributed by exhibitor, as disclosed on the Application/Contract for Exhibit Space.

6. Exhibit Space Payment Schedule

Applications must be accompanied by a check payable to ASPS in U.S. funds for 50% of the total rental fee. Applications postmarked after **May 4, 2009** must be accompanied by full payment. Applications postmarked on or after **October 16, 2009** must be accompanied by a certified check. If full rental fee is not received by **July 1, 2009**, space may be reassigned or sold by ASPS.

7. Cancellation or Reduction of Space/Exhibit Space Refund

All cancellations must be in writing to the ASPS Executive Office. Written notice of cancellation/reduction must be received by the dates listed below. Cancellations on or before **May 1, 2009** will be charged a \$300 handling fee.

Postmarked on or before **May 1, 2009**:

100% refund (less a \$300 handling fee)

Postmarked on **May 2 – June 30, 2009**:

50% refund

No refunds will be granted after **July 1, 2009**.

Failure to notify ASPS of intent to cancel may result in exhibitor being denied participation at future ASPS meetings. Space not claimed and occupied prior to 3:00pm Saturday, **October 24, 2009** for which no special arrangements have been made with ASPS may be resold or reassigned by ASPS without obligation on the part of ASPS for any refund whatsoever.

8. Insurance and Liability

Exhibitor agrees to secure and maintain at own expense comprehensive general liability insurance in the amount of \$1,000,000 (one million dollars) per occupancy for the entire term of the exhibit lease and hold harmless ASPS, and the facilities in which ASPS meetings are conducted. ASPS and the facilities in which ASPS meetings are being conducted shall not be held liable by an exhibiting company for any damage or loss of materials, or for injuries to the exhibitor, due to any cause. All claims for any such loss, damage, or injury are expressly waived by the exhibiting company.

9. Outside Service Firms

Exhibitor understands and agrees that it is the exhibitor's responsibility to advise any outside service firms of all ASPS Rules and Regulations, and will insure that the firm complies with all such conditions, rules, and regulations.

10. Exhibitor Rules and Regulations

The exhibitor understands and agrees that the Rules and Regulations as stated in the 2009 Exhibit, Sponsorship and Advertising Opportunities Brochure, confirmation packet and online Exhibitor Service Manual are an integral and binding part of this Application/Contract for Exhibit Space.

Any violation of these Exhibit Terms and Conditions and/or the rules and Regulations by Exhibitor will result in termination of the Application/Contract for Exhibit Space by ASPS.

11. Exhibitor Service Manual

All rules, policies and regulations outlined in the ASPS online Exhibitor Service Manual are part of the exhibitor contract. In late June, exhibiting companies will receive a User ID and password via e-mail to access the online manual.

12. ASPS reserves the right to terminate this agreement at any time upon written notification and a complete refund of any exhibit space payment received.

13. Communications

Direct all communications concerning exhibits to:

ASPS Exhibits
444 East Algonquin Road
Arlington Heights, IL 60005-4664

Bonnie Burkoth, Exhibit Manager
Phone: 847-228-3396
Fax: 847-228-7597
E-mail: bburkoth@plasticsurgery.org