



Side A
Important:
Please type or print this application
Exhibitor must complete Sides A and
B, include payment info and sign
before contract can be processed.

Application and Contract for Exhibit Space

- Return fully completed application, Side A and B, with full payment by February 26, 2010, for priority points to apply. Requests made after February 26, 2010, will be assigned on a first-come, first-served basis. Only a signed application/contract with full payment will be accepted for booth assignment.
- Facsimile copies are accepted to guarantee booth space with MasterCard, Visa, Discover or American Express** card payment.

- If space is cancelled before April 30, 2010, a full refund of all monies will be made. If space is cancelled after April 30, but before May 28, 2010, 50% of the total will be returned. No refund will be given for space cancelled after May 28, 2010.
- The acceptance of this application shall be at the sole discretion of AAOMS, and upon acceptance, becomes a contract. By completing and signing this application, the undersigned agrees to comply with, and be subject to, the terms and conditions

contained in the Exhibitor Prospectus, including but not limited to the Exhibition Regulations. AAOMS reserves the right to refuse or deny exhibit space at the AAOMS 2010 Dental Implant Conference to prospective exhibitors.

- Space selection April 12-16, 2010. See page 4 of Prospectus.
A signature is required to complete the contract.
** There will be a 1.5% convenience fee added for American Express card users.*

Check here if you are a new exhibiting company.

A) Company Information

Please type or print clearly. (Note: Name and address of company will be published EXACTLY as indicated below. Please do not abbreviate.)

Company _____
Street Address _____
P.O. Box _____
City/State _____
Zip Code _____ Country _____
Telephone _____
Fax _____
Web site Address _____

Information listed below is for AAOMS information only and will **not** be published. Send all exhibition information to **(specify contact name):**

Contact Person Name _____
Title _____
Contact Person Phone _____ Ext. _____
Contact Person Cell: _____
Contact Fax _____
E-mail Address _____
(Please list your e-mail address. Exhibitor bulletins and important updates may be sent via e-mail.)
Company General E-Mail _____
Product and Sales Inquiries for VHX (Virtual Exhibit Hall).
Example: info@acme.com

B) Product Listing

A description of products and services must be provided for exhibit consideration by AAOMS. Please e-mail summary **as it should appear in the final program**. Summary should be 35 words or less (350 characters), otherwise subject to AAOMS editing. **E-mail the summary to: exhibitor@aaoms.org by July 30, 2010 or fax to 847/678-4619**

C) Virtual Exhibit Hall (VHX) Product Category

Required for placement on the AAOMS Web site.

D) Booth Fee Calculator

8'x10' booth w/Virtual Exhibit Hall fee \$ 2,175.00
(includes one (1) badge, food & beverage for one)

Additional booth(s), with badge, food & beverage for one, at \$2,075 each = \$ _____

1 Corner @ \$175 = \$ _____
2 Corners @ \$350 = \$ _____
4 Corners @ \$700 = \$ _____

Additional badge(s), w/food & beverage, at \$100 ea. (max. of 4 add'l per booth) = \$ _____
(See rate chart on page 3 of Prospectus)

Total \$ _____

Corner Optional Corner Mandatory Corner Preferred

E) Booth Preference

NOTE: The exhibit configuration must comply with standard IAEE exhibition regulations. Certain booth sizes may require additional lighting. (If your choices are not available, space may be assigned by the AAOMS Exhibition Manager).

1st Choice 3rd Choice 5th Choice
 2nd Choice 4th Choice 6th Choice

Please note the companies that you do not wish to be located immediately adjacent to or immediately opposite in the exhibit hall:

Please copy the floor plan and circle booth possibilities and submit with Side A and Side B of the application. You will be contacted for your booth selection appointment time in April.

E) Payment. Full payment is due with this signed application/contract. Please check one:
Check # _____ (payable in US currency, drawn on a US account, to the American Association of Oral and Maxillofacial Surgeons)

Visa MasterCard Discover American Express**

Credit Card Number: _____
Expiration Date: _____ 3-4 Digit Code (_____)
Name of Card Holder: _____
Cardholder Signature: _____

APV _____
***A 1.5% convenience fee will be added to American Express transactions.*

A signature is required to complete the application/contract.

Contact Signature _____

EXHIBITION DISCLAIMER:

With the exception of specific products or services expressly endorsed by the American Association of Oral and Maxillofacial Surgeons (AAOMS), AAOMS does not endorse exhibit hall products or services, and the presence of any exhibition at an AAOMS meeting or function does not imply an endorsement. By attending the AAOMS Dental Implant Conference, registrants acknowledge and accept that AAOMS has assumed no duty to review, investigate, or otherwise approve, and has not reviewed, investigated, or otherwise approved, the quality, type, message, nature, or value of any product or service marketed by exhibitors. As such, attendees should conduct their own independent research of such products or services. AAOMS disclaims any liability for any damages to person or property arising out of any such product or service, and the attendee expressly waives any and all claims related to or arising from any such product or service.

Note:
Signed Application/Contract and payment must be received prior to booth assignment being made.

FOR AAOMS USE ONLY Accepted by the American Association of Oral and Maxillofacial Surgeons.

Date	Booth Size	\$ Amount Received	\$ Balance	Check/Credit Card	Booth(s) Assigned	Rank
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Side B

Important:

Please type or print this application. Exhibitor must complete Sides A and B, include payment info and sign before contract can be processed.

Product information is required and it is understood that it may be printed in the final meeting program. Please list each product or service to be exhibited and check any columns that apply and/or describe its present status:

Product	Product has FDA Premarket Approval	Product is FDA Approved	Previously Exhibited at an AAOMS Meeting
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If any of these products are currently in litigation with a government agency or are the subject of an unfavorable or cautionary report by an agency of the American Dental Association, please note here and explain:

Will your company be exhibiting anything categorized as FDA Class III? Yes No
If yes, please explain:

Product Category Index — Check each item you will have on display at the 2010 Dental Implant Conference. If you have additional products or services available that are not listed here, please check "Other" and describe as generally as possible for publication.

- Anesthesia/Emergency/Oxygen Equipment
- Dental Implant Systems
- Lasers/Electrosurgery Products
- Practice Management
- Art
- Education/Training: — Staff — Patient
- Market Research/Consulting
- Precious Metals
- Association/Organization
- Facial Implant Products
- Medical/Dental Publishing
- Recruiting
- Blood/Tissue Bank
- Financial Services
- Monitoring Equipment Supplies
- Surgical Equipment
- Cameras/Photography Equipment
- Grafting Materials
- Nutrition
- Surgical Supplies/Sutures
- Cleaning/Sterilizing Equipment
- Imaging and Diagnostics
- Office Communication Systems
- Telescopes/Light Sources
- Computer Hardware/Software
- Infection Control
- Office Furniture/Design
- Web Design
- Cosmetics
- Intraoral Cameras
- Office Supplies
- X-Ray Equipment/Film
- Dental Implant Equipment
- Laboratory Services/Supplies
- Pharmaceuticals/Drugs
- Other _____
- Other _____

For more information on corporate support and/or marketing options, please complete and return this form.

Corporate Support Opportunities

- AAOMS Web Site
- Beverage Breaks
- Audiovisual Equipment
- Lunch for Attendees in Exhibit Hall
- Badge Lanyards/Pocket Badge Holders
- Welcome Reception for Attendees in Exhibit Hall
- Educational Sessions
- Internet Center
- General Fund
- Other (please list) _____
- Hotel Key Cards
- Pens and Notebooks

Marketing

- Membership Mailing Labels (\$700.00)
- Pre-registration Mailing Labels (\$275.00)
- Post-conference Mailing Labels (\$325.00)
- Function Space Request
- Advance and/or Final Program Advertisement
- Hotel Channel Airtime
- Hotel Door Drop

(Print or type)

Name: _____
 Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail Address: _____
 Virtual Exhibit Hall e-mail info address: _____

E-mail, fax or mail form to:
Debbie Skrzypek, Senior Staff Associate, Exhibition
AAOMS, 9700 West Bryn Mawr Avenue
Rosemont, IL 60018-5701
847/233-4331 | SECURE FAX: 847/678-6279
e-mail applications to: debbies@aaoms.org

EXHIBITION REGULATIONS:

The Exhibition Regulations governing exhibitors as printed in this publication are part of the contract. All exhibitors and their representatives must abide by these regulations. Acceptance of exhibiting firms by AAOMS and assignment of booth space will be coordinated by the AAOMS exhibition manager. Verification of same will be sent to the exhibitor. Drug products must be classified as accepted or provisionally accepted by the ADA's Council on Dental Therapeutics, or have been issued new drug applications by the US Food and Drug Administration. Claims pertaining to dental devices or products must be acceptable under the ADA's Council on Dental Materials, Instruments and Equipment. AAOMS will not be held liable for scientific context of descriptions provided by exhibiting firms to be printed in the 2010 Dental Implant Conference Final Program.

FCC COMPLIANCE

In order for AAOMS to be in compliance with the pending FCC regulations, we would like you to consider signing this form so AAOMS may keep you informed of the latest changes, products and services being offered. Signing this form will also allow AAOMS and its official contracted service suppliers to continue faxing you important information about the association and conference services. AAOMS must have your signature on file. Note that AAOMS never sells or shares its exhibitors' telephone, fax or e-mail contact information to outside parties. Please acknowledge your consent by signing below, and faxing this form back to AAOMS at secure fax number 847/678-6279.

Your preferred fax number:

 Signature: _____
 Date: _____