



**AAOMS 92nd Annual Meeting,
Scientific Sessions and Exhibition
September 30-October 2, 2010
Chicago, Illinois**



Side A

IMPORTANT:

Please type or print this application.

Exhibitor must complete Sides A and B before contract can be processed.

Application and Contract for Exhibit Space

1. Return fully completed application/contract with your deposit by October 16, 2009 for priority points to apply at Space Draw. Requests made after October 16, 2009 will be assigned on a first-come, first-served basis. Only a signed application/contract with a \$1,000 deposit or full payment will be accepted for booth assignment. Save \$100 per 10'x10'—Pay booth fee in full by December 31, 2009 and pay 2009 rates for each 10'x10' unit contracted! After December 31, 2009, the fee of \$3100 per 10'x10' space will apply.

2. Facsimile copies are accepted to guarantee booth space with MasterCard, Visa, Discover or American Express** card payment.

3. If space is cancelled before February 26, 2010, a full refund of all monies will be made. If space is cancelled after February 26, but before March 31, 2010, 50% of the total will be returned. **No refund will be given for space cancelled after March 31, 2010.**

4. 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. AAOMS reserves the right to refuse or deny exhibit space at the 92nd Annual Meeting, Scientific Sessions and Exhibition to prospective exhibitors. Booth space can/will be released if not paid in full by June 1, 2010.

**There will be a 1.5% convenience fee added for American Express card transactions.

A signature is required to complete the contract.

Check here if you are a new exhibiting company.

A) Company Information/Final Program Listing

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 Fax _____

E-mail Address _____

General E-mail Product and Sales Inquiries for VXH (Virtual Exhibition Hall). Example: info@acme.com

(Please list your e-mail address. Exhibitor bulletins and important updates may be sent via e-mail.)

Exhibitor Service Manual will be sent via e-mail.

Contact Signature _____

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

B) Booth Fee Calculator

10'x10' w/Virtual Exhibit Hall fee = \$3,100
 ___ Additional booth(s) @ \$2,950 each = \$_____
 1 Corner @ \$175 = \$_____
 2 Corners @ \$350 = \$_____
 4 Corners @ \$700 = \$_____

Total = \$_____

Corner Optional Mandatory Corner Preferred

C) Payment

\$1,000 deposit at Space Draw Friday, October 16, 2009. Pay in full by December 31, 2009 for the 2009 discounted rate. Pay 2010 rates after December 31, 2009.

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: _____

(For AAOMS office use only) APV _____

D) Booth Preference

NOTE: The exhibit configuration must comply with IAEE trade show regulations. (If your choices are not available, space will be assigned by the AAOMS Exhibition Manager).

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

Circle choices on the floorplan provided for possible locations on the exhibit floor.

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

E) Product Listing

A list of products and services must be provided for listing on the Virtual Exhibit Hall.

F) Final Program

Please provide a product summary as it should appear in the final program. Summary should be 35-50 words or less, otherwise subject to AAOMS editing.

E-mail the summary to exhibitor@aaoms.org, or send by fax to 847/678-6286, by June 1, 2010.

Exhibition Disclaimer:

The exhibition is made available for informational purposes only. 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 92nd Annual Meeting, Scientific Sessions and Exhibition, 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 attendees and exhibitors. As such, attendees should conduct their own independent research of such products or services, and AAOMS disclaims any liability for any damages to person or property arising out of any product or service.

Balance due March 31, 2010

Booth Total = \$_____
 Deposit/Payment = \$_____
 Balance = \$_____

(due by 12/31/09 for the 2009 Early Bird discount)

Date	x Booth Size	Booth (s) Assigned	Deposit Received	Check/Credit Card	Ranking Time/#
(For AAOMS use ONLY)					

Accepted by the American Association of Oral and Maxillofacial Surgeons.

Side B

IMPORTANT:

Please type or print this application.

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Exhibition Regulations

The Exhibition Regulations governing exhibitors as printed in the prospectus 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 Scientific Affairs, 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 Scientific Affairs. AAOMS will not be held liable for scientific context of descriptions provided by exhibiting firms to be printed in the 2010 Annual Meeting Final Program.



Mail, e-mail or fax form to:

Valerie Wolf, MS, CEM
Exhibition Manager
AAOMS, 9700 West Bryn Mawr Avenue
Rosemont, IL 60018-5701
vwolf@aaoms.org
847/233-4316
SECURE FAX: 847/678-6286

Product information is required and it is understood that it may be printed in the final meeting program and on the AAOMS Web site. 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

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 Annual Meeting

If you have additional products or services available that are not listed here, please check "Other" and describe as generally as possible for publication.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Dental Implant Systems | <input type="checkbox"/> Market Research/ Consulting | <input type="checkbox"/> Surgical Equipment |
| <input type="checkbox"/> Anesthesia/Emergency/Oxygen Equipment | <input type="checkbox"/> Education/Training | <input type="checkbox"/> Medical/Dental Publishing | <input type="checkbox"/> Surgical Supplies/Sutures |
| <input type="checkbox"/> Association/Organization | <input type="checkbox"/> Facial Implant Products | <input type="checkbox"/> Monitoring Equipment | <input type="checkbox"/> TMJ Devices |
| <input type="checkbox"/> Blood/Tissue Bank | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Telescopes/Light Sources |
| <input type="checkbox"/> Cameras/Photography Equipment | <input type="checkbox"/> Grafting Materials | <input type="checkbox"/> Office Communication Systems | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Cleaning/Sterilizing Equipment | <input type="checkbox"/> Hand/Surgical Instruments | <input type="checkbox"/> Office Furniture/Design | <input type="checkbox"/> X-Ray Equipment/Film |
| <input type="checkbox"/> Computer Hardware/Software | <input type="checkbox"/> Imaging and Diagnostics | <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Infection Control | <input type="checkbox"/> Pharmaceuticals/Drugs | Other _____ |
| <input type="checkbox"/> Dental Implant Equipment | <input type="checkbox"/> Intraoral Cameras | <input type="checkbox"/> Practice Management | VXH Listing _____ |
| | <input type="checkbox"/> Laboratory Services/Supplies | <input type="checkbox"/> Precious Metals | |
| | <input type="checkbox"/> Lasers/Electrosurgery Products | <input type="checkbox"/> Recruiting | |

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

Corporate Support Opportunities

- | | |
|---|--|
| <input type="checkbox"/> Allied Staff Programs | <input type="checkbox"/> Pens |
| <input type="checkbox"/> Annual Meeting | <input type="checkbox"/> Poster Session |
| <input type="checkbox"/> General Fund | <input type="checkbox"/> Practice Clinics |
| <input type="checkbox"/> Audience Response System | <input type="checkbox"/> President's Event |
| <input type="checkbox"/> Audiovisual Equipment | <input type="checkbox"/> Registration Bags |
| <input type="checkbox"/> Badge Lanyards | <input type="checkbox"/> Registration Passports |
| <input type="checkbox"/> Beverage Breaks | <input type="checkbox"/> Resident Organization |
| <input type="checkbox"/> "Bucks" Tickets for Food Purchases | <input type="checkbox"/> Speaker's Lounge |
| <input type="checkbox"/> Daily Schedule of Events | <input type="checkbox"/> Shuttle Bus Service |
| <input type="checkbox"/> General Fund | <input type="checkbox"/> Symposia |
| <input type="checkbox"/> Hotel Key Cards | <input type="checkbox"/> Unrestricted Educational Grant |
| <input type="checkbox"/> Internet Center | <input type="checkbox"/> Welcome/International Reception |
| <input type="checkbox"/> Notepads | <input type="checkbox"/> Wireless Hotspot |
| <input type="checkbox"/> Opening Ceremony | <input type="checkbox"/> Other (please list) _____ |
| <input type="checkbox"/> Oral Abstract Sessions | _____ |

Marketing

- Membership Mailing Labels
- Pre-registration Mailing Labels (\$350)
- Post-registration Mailing Labels (\$475)
- Function Space Request
- Meeting Programs Advertisement
- Hotel Channel Airtime
- Exhibitor Showcase
- Door Drop
- Lead Retrieval System

Exhibitor Showcase Session

\$6,000 Fee
Outline due by 3/12/10 to be included in the Advance Program
Showcase Contact Person

Please Contact Valerie Wolf at
vwolf@aaoms.org

(Print or type)

Name: _____
Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

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 can 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 847/678-6279.

Your preferred fax number is: _____
Signature: _____
Date: _____