



**APPLICATION AND CONTRACT FOR EXHIBIT SPACE**

1. Return fully completed application/contract with your deposit by Sept. 22, 2016 for the point system to apply. Booth requests made after Sept. 22, 2016 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. Exhibitor will be invoiced for any balance due. Save \$100 per 10'x10' — Pay booth fee in full by Dec. 31, 2016 and pay the discounted early bird rate for each 10'x10' space contracted! After Dec. 31, 2016, the base fee of \$4,200 per 10'x10' space will apply.

**Application deadline: Friday, Sept. 22, 2017**

2. If space is cancelled before March 10, 2017, a full refund of all monies will be made. If space is cancelled after March 10, 2017, but before April 7, 2017, 50% of the total will be returned.

**No refund will be given for space cancelled after April 7, 2017.**

3. 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 as well as the Exhibitor Regulations. AAOMS reserves the right to refuse or deny exhibit space at the 99th Annual Meeting, Scientific Sessions and Exhibition to prospective exhibitors. Booth space can/will be released if not paid in full by April 7, 2017.

**A signature is required to complete the contract.**

**Early Bird Discount:**

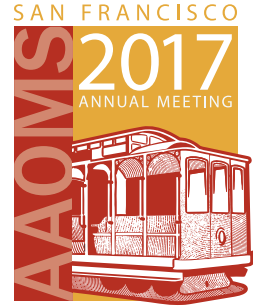
**Pay in full by Dec. 31, 2016 and save \$100 per 10'x10' contracted space, including 10'x100' linear booths.**

Side A

**IMPORTANT:**

Please type or print this application.

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



**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 \_\_\_\_\_

Suite # / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Web site Address \_\_\_\_\_

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

**Exhibitor Contact Information**

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 \_\_\_\_\_ Cell/Mobile \_\_\_\_\_

Please list your e-mail address. (Exhibitor bulletins and important updates may be sent via e-mail. **PLEASE NOTE:** if you choose to unsubscribe from AAOMS emails, you will not receive any show-related information.)

Contact Name (please print or type) \_\_\_\_\_

Contact Signature \_\_\_\_\_

**B) Booth Fee Calculator**

10'x10' w/Virtual Exhibit Hall fee = \$4,375  
 (includes \$175 VXH fee)

\_\_\_\_\_ Additional booth(s) @ \$4,200 each = \$ \_\_\_\_\_

1 Corner @ \$200 = \$ \_\_\_\_\_

2 Corners @ \$400 = \$ \_\_\_\_\_

4 Corners @ \$800 = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

Corner Optional  Mandatory Corner  Preferred

**C) Booth Preference**

NOTE: The exhibit configuration must comply with IAEE regulations.

\_\_\_\_\_ 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.

**D) Payment**

A deposit of \$1,000 will be required at Space Draw, Thursday, Sept. 22, 2016. We accept MasterCard, Visa, Discover and American Express, as well as company checks in US Dollars. Invoices will be sent for the balance due. After Sept. 22, 2016 and through Sept. 8, 2017, all space will be invoiced for balance due. Pay invoice in full by Dec. 31, 2016 for the Early Bird Discount; as of Jan. 1, 2017 regular rates apply.

**E) Product Categories**

Please provide a product categories list as it should appear in the final program, from side B of this application.

Number product categories 1-5, in order of priority. (Number 1 indicating primary product category.)

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

**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 99th 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.

**Full balance due April 7, 2017**

**Booth Total** = \$ \_\_\_\_\_

**Deposit/Payment** = \$ \_\_\_\_\_

**Balance** = \$ \_\_\_\_\_

**(Due by 12/31/16 for the Early Bird Discount)**

Date	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.

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

**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. AAOMS will not be held liable for scientific context of descriptions provided by exhibiting firms.

**Exhibiting companies that submit applications and contracts after Sept. 15, 2017, will not be featured on marketing materials or signage.**

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:** Please number your product categories 1-5, in order of priority. (Number 1 indicating primary product category.)

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

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

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

**Corporate Support Opportunities\*\***

- |  |  |
|--|--|
| <input type="checkbox"/> AAOMS Connect Networking Lounge | <input type="checkbox"/> Notepads                                      |
| <input type="checkbox"/> Badge Lanyards                  | <input type="checkbox"/> Pens  |
| <input type="checkbox"/> Banners                         | <input type="checkbox"/> Poll Everywhere                               |
| <input type="checkbox"/> Beverage Breaks                 | <input type="checkbox"/> Poster Session                                |
| <input type="checkbox"/> Corporate Forum                 | <input type="checkbox"/> Practice Management and Allied Staff Programs |
| <input type="checkbox"/> Final Program                   | <input type="checkbox"/> Preconference Programs                        |
| <input type="checkbox"/> Flash Drives                    | <input type="checkbox"/> President's Event                             |
| <input type="checkbox"/> General Educational Grant       | <input type="checkbox"/> Product Theater (on exhibit hall floor)       |
| <input type="checkbox"/> Hotel Key Cards                 | <input type="checkbox"/> Program Office/Speaker Ready Room             |
| <input type="checkbox"/> Internet Center                 | <input type="checkbox"/> Registration Passports                        |
| <input type="checkbox"/> Lunch for meeting registrants   | <input type="checkbox"/> Resident Organization                         |
| <input type="checkbox"/> Keynote Address                 | <input type="checkbox"/> Symposia                                      |
| <input type="checkbox"/> Mobile App                      | <input type="checkbox"/> Welcome Reception                             |
| <input type="checkbox"/> Mobile Device Charging Stations | <input type="checkbox"/> Wi-Fi   |

**Advertising\***

- Advance Program Advertisement
  - Final Program Advertisement
  - AAOMS Today Member Newsletter Advertisement
- Advertising Contact:  
AAOMS  
9700 West Bryn Mawr Avenue  
Rosemont, IL 60018-5701  
[AAOMS.org/media](http://AAOMS.org/media)

*\*Priority Point opportunities!*

*\*\*Double Priority Point opportunities!*

**Marketing**

- Door Drop
- Function Space Request
- Hotel Channel Airtime
- Lead Retrieval System
- Membership Mailing Labels
- New Exhibitor Spotlight
- Pre-registration Mailing Labels [\$350]
- Post-registration Mailing Labels [\$475]
- Exhibitor Suites (on exhibit hall floor)
- Exhibit Excursion Prize(s)



**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](mailto:vwolf@aaoms.org)  
847/233-4316  
SECURE FAX: 847/678-6279

**Corporate Support, Advertising and/or Marketing Contact Information (please 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: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_