



**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**

- Return fully completed application, sides A and B, by **March 22, 2019**, for priority points to apply. Requests made after March 22 will be assigned on a first-come, first-served basis or waitlisted if necessary. Booth space will be invoiced during and after electronic space selection in May. **Full payment is due upon receipt of invoice.**
- Facsimile copies of the application/contract are accepted.
- If space is canceled before June 3, 2019, a full refund of all monies will be made. Full payment is due June 7, 2019, in order to continue to reserve booth space. No refund will be given for space canceled after June 7.
- 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 2019 AAOMS Dental Implant Conference to prospective exhibitors.
- Electronic space selection (ESS) is April 29 – May 3, 2019.\* See page 4 of the prospectus. Full payment is due upon receipt of invoice, following booth assignment.
- A signature is required to complete the contract.**

*\*Dates subject to change.*

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

Website \_\_\_\_\_

VXH Company General Email Address (General Email Product and Sales Inquiries for VXH (Virtual Exhibit Hall). Example: info@acme.com)

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 Mobile Phone \_\_\_\_\_

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

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

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

Contact Signature (required) \_\_\_\_\_

**B) Booth Fee Calculator**

8' x 10' w/ \$150 Virtual Exhibit Hall fee = \$3,298  
 (includes one badge, food & beverage for one)

\_\_\_\_\_ Additional booth(s) with badge,  
 food & beverage at \$3,148 each = \$ \_\_\_\_\_

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

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

3 Corners @ \$600 = \$ \_\_\_\_\_

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

Corner Optional  Mandatory Corner  Preferred

Booth(s) will be invoiced after space assignment has been made.

**C) Booth Preference**

NOTE: The exhibit configuration must comply with standard IAEE exhibition regulations. (If your choices are not available, space may be assigned by the AAOMS Exhibition Manager.) View the Virtual Exhibit Hall at [AAOMS.org/DICvxh](http://AAOMS.org/DICvxh)

\_\_\_\_\_ 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 photocopy the floorplan provided, circle possible locations on the exhibit floor, and submit with sides A and B of the application. You will be contacted for your booth selection appointment time in mid-April.

**D) Payment**

**Full payment is due upon receipt of invoice, after space selection.** If payment is not received by June 7, 2019, AAOMS may cancel booth space. This new method is intended to add security to your credit card information. Checks, payable in U.S. currency and drawn on a U.S. account, should be made payable to the American Association of Oral and Maxillofacial Surgeons, Attn: Finance Dept., 9700 W. Bryn Mawr Ave., Rosemont, IL 60018.

**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.)

**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 2019 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 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. The attendee expressly waives any and all claims related to or arising from any such product or service.

**Note: Application/contract sides A and B must be received prior to booth assignment being made.**

Date	Booth Size	\$ Amount Received	\$ Balance	Check/Credit Card	Booth(s) Assigned	Rank/Time
Accepted by the American Association of Oral and Maxillofacial Surgeons.						

**(For AAOMS use ONLY)**

Side B

**IMPORTANT:**

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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. Drug products must be classified as accepted by 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 2019 Dental Implant Conference Final Program.

Product information is required and it is understood that it may be printed in the final meeting program and on the AAOMS website. 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, up to 5, in order of priority (with number 1 indicating primary product category.) **Product Categories will be displayed in the Dental Implant Conference Final Program and Virtual Exhibit Hall.**

- |  |   |   |  |
|--|---|---|--|
| <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"/> 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"/> Badge Lanyards         | <input type="checkbox"/> Lunch for conference registrants  |
| <input type="checkbox"/> Banners                | <input type="checkbox"/> Mobile App                        |
| <input type="checkbox"/> Beverage Breaks        | <input type="checkbox"/> Mobile Device Charging Stations   |
| <input type="checkbox"/> Conference Reception   | <input type="checkbox"/> Notepads                          |
| <input type="checkbox"/> Final Program          | <input type="checkbox"/> Pens                              |
| <input type="checkbox"/> Flash Drives           | <input type="checkbox"/> Program Office/Speaker Ready Room |
| <input type="checkbox"/> General Education Fund | <input type="checkbox"/> Resident Organization             |
| <input type="checkbox"/> Hotel Key Cards        | <input type="checkbox"/> Symposia                          |
| <input type="checkbox"/> Internet Center        | <input type="checkbox"/> Wi-Fi                             |

**Advertising\***

- Final Program Advertisement
- AAOMS Today Member Magazine Advertisement
- Advertising Contact:  
Bob Heiman  
RH Media, LLC  
1814 E. Route 70, Suite 350  
Cherry Hill, NJ 08003  
Phone: 856-673-4000  
Fax: 856-673-4001  
Email: bob.rhmedia@comcast.net

**Marketing**

- Door Drop
- Function Space Request
- Hotel Channel Airtime
- Lead Retrieval System
- Membership Mailing Labels
- Pre-registration Mailing Labels [\$350]
- Post-registration Mailing Labels [\$475]

**Corporate Forum Opportunity\*\***

- Limited Forum time slots available

*\*Priority Point opportunities!*

*\*\*Double Priority Point opportunities!*



**Mail, email or fax form to:**

Dana O'Donnell, CEM  
Senior Exhibits Associate  
AAOMS  
9700 W. Bryn Mawr Ave.  
Rosemont, IL 60018-5701  
dodonnell@aaoms.org  
exhibitor@aaoms.org  
PHONE: 847-233-4393  
DIRECT FAX: 847-233-9393  
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 \_\_\_\_\_ ext. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**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 also will 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 email 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 \_\_\_\_\_