

# NON-PROFIT CONTRACT/APPLICATION

American College of Physicians

Toronto, CAN

## Internal Medicine 2010

• April 22-24 •

Professional exhibitors are nonprofit organizations whose function relates to medical activities and patient education, limited to 501(c)3 or 501(c)6. The sole purpose for exhibiting is to impart information about the organization and its specific cause. All professional exhibitors are subject to approval by ACP. Professional exhibitors are assigned one 10' x 10' inside space.

**Recruitment does not qualify for nonprofit rate; requires a technical exhibit space and payment.**

**Company Information:** Company name and address information should be completed exactly as they should appear in official ACP publications.

Company \_\_\_\_\_

Exhibiting as (if different than company listed above) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal \_\_\_\_\_ Country \_\_\_\_\_ Company Web site \_\_\_\_\_

Primary Contact (will receive all communications from ACP) \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail (Required) \_\_\_\_\_

### Exhibit Information:

1. Title of Exhibit \_\_\_\_\_ 3. Where and when has this exhibit been shown? \_\_\_\_\_
2. What do you plan to exhibit? \_\_\_\_\_ 4. When were the exhibit and materials to be distributed last updated? \_\_\_\_\_

The following materials must be included with the application:

Photograph or Sketch of the Exhibit     All Materials to Be Distributed at the Exhibit Booth     Full Payment of \$1300

Applications will not be accepted unless all of the above materials are included with this form along with the \$1300 fee. If the exhibit is not yet constructed or materials are still being developed, provide us with as much descriptive information as possible at this time and forward final information as soon as it is available.

**Note:** Previous Professional exhibitors are exempt from supplying this information.

**ACP will assign the best available inside booth upon receipt of your application and payment.**

#### ACP ONLY

ID# \_\_\_\_\_

Space Assigned \_\_\_\_\_ Total Cost \_\_\_\_\_ Date Received \_\_\_\_\_

Amount Rec'd \_\_\_\_\_ Check No. \_\_\_\_\_ Cancel/Reduce fee \_\_\_\_\_

Credit Card Auth.# \_\_\_\_\_

# NON-PROFIT CONTRACT/APPLICATION (CONT.)

## Agreement

We, the undersigned, hereby make application for exhibit space at Internal Medicine 2009, ACP's Premier Annual Scientific Meeting in Toronto, ON and authorize the ACP to reserve exhibit space on our behalf. A signature on this application indicates understanding and agreement to comply with all policies, rules, regulations, terms and conditions in the Prospectus, and any other documents issued by the ACP regarding Internal Medicine 2010.

ACP reserves the right at its sole discretion to refuse any application based on ACP Policies and Guidelines.

My signature below verifies that I have read and accept the rules and regulations contained in this prospectus.

\_\_\_\_\_  
Authorized Signature (Exhibitor) Title Date

\_\_\_\_\_  
Authorized Signature (ACP) Title Date

## Payment Information

Amount Enclosed \$ \_\_\_\_\_

Check enclosed. (Payable to ACP. Must remit in U.S. funds drawn on a U.S. bank.)

Charge to:  VISA  MasterCard  American Express  Discover

Card # \_\_\_\_\_

Exp. Date      /      Security Code       
MM YY (3- or 4-digit number found on front or back of card)

**When paying by credit card,  
applications may be faxed to  
215-351-2528**

\_\_\_\_\_  
Authorized Signature




### **Send Checks to:**

**R0980  
Exhibit Manager  
American College of Physicians  
PO Box 7777  
Philadelphia, PA 19175-0980**

### **Priority Mail**

**Christina Rayzis  
ACP Exhibit Manager  
190 N. Independence Mall West  
Philadelphia, PA 19106**

### **Questions**

 **800-523-1546 ext.2544**  
 **exhibit@acponline.org**  
 **www.acponline.org/exhibits**