

# TECHNICAL EXHIBIT CONTRACT/APPLICATION

American College of Physicians

Toronto, CAN

# Internal Medicine 2010

• April 22-24 •

## Important Instructions

1. Please clearly print or type this contract
2. Return completed contract/application along with deposit to secure space
3. When paying by credit card, applications may be faxed to 215-351-2528

**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) \_\_\_\_\_

Products/Services to be Displayed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

ZIP/Postal \_\_\_\_\_

Country \_\_\_\_\_

Company Web site \_\_\_\_\_

**Contact Information:** Only the designated official contact(s) will receive exhibit related materials.

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

Title \_\_\_\_\_

Address  Check here if same as above

City \_\_\_\_\_

State/Province \_\_\_\_\_

ZIP/Postal \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

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

Secondary Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

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

**Exhibit Space Selection** Please list four choices, in order of preference, for your exhibit location. Please do not limit choices to one area of the exhibit hall. If none of your choices are available at the time, ACP Show Management will assign the next best location.

An updated floorplan can be found online at [www.acponline.org/exhibits](http://www.acponline.org/exhibits)

**Prefer:**  Corner  Inside **Optional:**  Career Area  EHR Row  New Exhibitor Area

Booth Dimensions \_\_\_\_\_ x \_\_\_\_\_ or \_\_\_\_\_ sq. ft.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Indicate companies that you would find incompatible as your neighbor \_\_\_\_\_

**New Exhibitors:  
Include company  
brochure/exhibit  
materials with  
application**

## ACP ONLY

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

Check No. \_\_\_\_\_

Space Assigned \_\_\_\_\_

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

Cancel/Reduce Fee \_\_\_\_\_

Total Cost \_\_\_\_\_

Number of Spaces \_\_\_\_\_

Refunds \_\_\_\_\_

Date Received \_\_\_\_\_

Balance \_\_\_\_\_

Refund Date \_\_\_\_\_

Deposit Amount \_\_\_\_\_

Final Payment \_\_\_\_\_

# TECHNICAL EXHIBIT CONTRACT/APPLICATION (CONT.)

## Payment Information

30% Deposit    Full Payment   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                       
(3- or 4-digit number found on front or back of card))  
Authorized Signature \_\_\_\_\_

## Rates are as follows:

10'x10' Corner booth = \$2,800;  
10'x10' Inside booth = \$2,600;  
Island booths = \$29.00 per square foot

## Deposit Required:

- Before 12/18/09: 30% of total space fee
- After 12/18/09: 100% of total space fee

## Agreement

We, the undersigned, hereby make application for exhibit space at Internal Medicine 2010, 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 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.

We/I have sent ACP \$ \_\_\_\_\_, 30% to 100% of the fee for the space requested. We/I understand that full payment must be made on or before December 18, 2009, or space may be forfeited. Applications will not be processed without the appropriate deposit. This application becomes a binding agreement when accepted and signed by ACP Show Management.

Until accepted by ACP, this Contract shall constitute only an application to exhibit by Exhibitor, whose application may be accepted or declined by ACP at its sole discretion. ACP's acceptance of Exhibitor's application shall be evidenced by its signature below, at which time this Contract shall become binding.

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 \_\_\_\_\_

## Product/Service Category Listing

Please select the category (only one will be accepted) that best describes your products or services. If more than one category is selected, ACP reserves the right to select the one category it determines is best.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Diagnostics/Equipment      | <input type="checkbox"/> Information Technology       | <input type="checkbox"/> Pharmaceuticals                    |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Market Research              | <input type="checkbox"/> Publications                       |
| <input type="checkbox"/> Electronic Medical Records | <input type="checkbox"/> Miscellaneous                | <input type="checkbox"/> Recruitment/Professional Placement |
| <input type="checkbox"/> Finance                    | <input type="checkbox"/> Nutrition/Healthy Lifestyles |   |

## Product/Booth Description

All product/booth description copy must be submitted electronically through the ACP Web Site. The primary contact will receive an e-mail with detailed instructions on how to submit your online booth description once exhibit space has been assigned. Deadline for inclusion in all official ACP publications is November 27, 2009.



### ✉ 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**