



Exhibit Space Application

Organization Details

Company Name: _____

Company Contact /Title _____

Address _____

Contact Phone _____

Contact Email _____

Exhibitor Registration _____

**Please include a 100-word organization description for AACPDM use in the Annual Meeting printed materials such as the Final Program.*

Payment

TOTAL \$ _____

Check enclosed
Checks must be made payable to: AACPDM

Credit Card: Visa MC

Card Number: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

Application Deadline – July 1, 2009

Exhibit Space

Each 10 x10 booth space includes two exhibitor registrations, one 6-foot draped table, two side chairs, one wastebasket, and an identification sign. Each additional exhibit space will be charged at a rate of \$300.00 per 10' x 10' space (additional exhibitor registrations are not included).

One Booth = \$1,200.00

Additional Booth = \$300.00

Exhibit Booth Location Choice

Please see floor plan on back

1. _____ 2. _____

3. _____ 4. _____

Exhibitor Registrations

(Print name as you would like it to appear on the name badge)

1. _____

2. _____

3. _____ (\$300.00)

4. _____ (\$300.00)

Exhibitor Disclaimer

The exhibitor assumes full responsibility and liability for losses, damages, and claims arising out of injury or damage to the exhibitor's displays, equipment and other property brought upon the premises of the exhibit facility and shall indemnify and hold harmless the American Academy for Cerebral Palsy and Developmental Medicine, Westin Kierland Resort and Spa, and the Exhibition Company. In addition, the exhibitor acknowledges that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor.

I have read and understand the AACPDM 2009 Exhibitor policies and regulations notes throughout:

Name: _____

Authorized signature: (Not Valid Unless Signed) _____ (date)

Cancellation Deadline: July 1, 2009

Requests for cancellation or reduction of exhibit space must be made in writing. Written cancellations received before July 1, 2009, will receive a refund of 80%. Refunds requested after July 1, 2009, but before August 15, 2009, will receive a refund of 25%. Refunds will not be issued after August 15, 2009.

Any exhibit space not claimed or occupied by 5:00 pm on Wednesday, September 23, 2009, may be reassigned without obligation on the part of AACPDM.