

Application for Exhibit Space

We Agree:

Payment in full must accompany this application by Wednesday, November 3, 2010.

The cost of each 10' x 10' booth is:

- ◆ Linear \$ 3,400
- ◆ Corner \$ 3,600
- ◆ Island \$ 38/sq.ft.

Checks must be made payable to:

AANS/CNS Section on Disorders of the Spine and Peripheral Nerves

All provisions of the Rules and Regulations and general information, as hereby published, shall be a part of this contract. The application deadline is Wednesday, November 3, 2010.

We hereby apply, subject to the terms of the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves printed Rules and Regulations, for exhibit space for our occupancy.

Mail

PLEASE RETAIN A COPY OF THIS CONTRACT FOR YOUR FILES and return this original application with the appropriate payment funds by Wednesday, November 3, 2010 to:

AANS/CNS Section on Disorders of the Spine and Peripheral Nerves
27554 Network Place
Chicago IL 60673-1275

Fax

If paying by credit card, you may fax this application to: (847) 240-0804.

Cancellation Deadline: Monday, December 6, 2010

Requests for cancellation or reduction of exhibit space must be made in writing. Written cancellations or reductions received on or before Monday, December 6, 2010, will receive a full refund, less a \$500 administrative fee.

After December 6, 2010 the entire cost of the booth cancelled or space reduced will be forfeited.

Exhibit Application Deadline – Wednesday, November 3, 2010

Number of booths requested: _____ (Please print clearly.)

Booth Choices

1. _____
2. _____
3. _____

Competitors we do not wish to be near.

1. _____
2. _____
3. _____

Companies we would like to be near.

1. _____
2. _____
3. _____

The assignment of space is at the sole discretion of the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. In the event your choices are not available, please indicate which is most important to you:

- Corner Location.
- Proximity to one of your booth choices.
- Proximity to another exhibitor.

Company Details (Please print clearly.)

Company Name (List company name exactly as it should appear in the Scientific Program Book)

Address

City State Zip Code

Phone Fax

Web site Address

Contact Name

Contact Phone Contact Fax

E-mail Address Cell Phone Number of On-site Contact

Signature (required)

Billing Information

Name (exactly as it appears on card.)

Credit Card Number (Visa/MasterCard/American Express) Expiration Date

Signature Required if paying by credit card. (I agree to pay according to the credit card issuer agreement.)

Please note: For payments of \$20,000 or greater, please remit payment by check.

- Check enclosed.