



APPLICATION FOR EXHIBIT SPACE

2012 AANS/CNS Section on Disorders of the Spine and Peripheral Nerves Annual Meeting March 7 – 10, Walt Disney World Swan and Dolphin

We Agree:

Payment in full must accompany this application by Wednesday, October 26, 2011

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, October 26, 2011.

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 APPLICATION FOR YOUR FILES and return the original with the appropriate payment funds 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.

Reductions & Cancellations:

All booth reductions and cancellations must be made in writing. Requests received in writing by Monday, December 5, 2011 will receive a full refund, less \$500 administrative fee. The Association will retain total cost of space being reduced or cancelled after Monday, December 5, 2011.

Exhibit Package:

In exchange for the above exhibit fee, each Exhibitor will receive the following:

- ◆ 7" x 44" booth identification sign (all linear booths).
- ◆ Complimentary exhibitor/badges for up to two(2) staff members per each 10' x 10' unit purchased.
- ◆ One Scientific Program book per 10' x 10' unit purchased (up to a maximum of five (5) books).
- ◆ Exhibit listing in the Scientific Program.
- ◆ Exhibit listing on Mobile Meeting Guide.

Terms of Participation

The purpose of the exhibits is to complement the professional meetings and clinical sessions by enabling registrants to evaluate the latest developments in equipment, supplies, and services that are presented for use by spine and peripheral nerve surgeons. Monies provided for exhibit hall booth purchases are not considered commercial support, nor shall support of this year's exhibit program be inferred as a commitment for any future programs.

All exhibit fees will be used solely for expenses directly related to the 2012 AANS/CNS Section on Disorders of the Spine and Peripheral Nerves (Association) Annual Meeting. The Association and the exhibitor acknowledge and agree that the funding shall not obligate the Association nor its affiliates to purchase, use, recommend, or arrange for the use of any products of the exhibitor or its affiliates.

The Association does not in any manner endorse any of the products or services related to the exhibits that have been accepted for display and sale during the Annual Meeting. Exhibitors may not advertise or display goods in their exhibit other than those manufactured or sold by them in the regular course of their business. Exhibitors may not permit any other party to exhibit in their space any goods other than those manufactured or distributed by the contracting exhibitor. The Association acknowledges that some drugs or medical devices demonstrated at the Annual Meeting have not been cleared by the FDA or have been cleared by the FDA for specific purposes only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical devices he or she wishes to use in clinical practice.

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.)

- Check enclosed.

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