

**American Association of Colleges of Osteopathic Medicine
Annual Meeting
April 15 – 18, 2009
Bethesda, Maryland**

EXHIBITOR, SPONSOR, AND ADVERTISER APPLICATION & AGREEMENT

Company Name _____ Web Site Address _____
Contact _____ Title _____
On-Site Exhibit Staff _____
On-Site Exhibit Staff _____
On-Site Exhibit Staff _____
Address _____ City _____ State _____ Zip _____
E-mail Address _____ Phone _____ Fax _____

Unless you indicate otherwise, the address, web site, and company name provided on this application will appear with your description in the *Final Program*.

EXHIBIT SPACE

Completion of the following section confirms your organization's request for exhibit space at the American Association of Colleges of Osteopathic Medicine (AACOM) Annual Meeting. This application is subject to conditions specified on the conference web site. For confirmation of exhibit space, this application must be signed by a representative of AACOM, available space must be confirmed, and a deposit must be received by AACOM. Please describe products/services to be exhibited, in 50 words or fewer, for inclusion in the *Final Program*.

Booth Fee \$2,000 X ____ Number of Booths = \$ _____

Booth Preferences: 1st Choice _____ 2nd Choice _____ 3rd Choice _____
Floor plan subject to change without notice

Space will be reserved upon receipt of your 50 percent deposit. **Total payment is due no later than February 13, 2009.** AACOM reserves the right to reject any application. Please note that only a limited number of booths are available; reserve yours today.

SPONSORSHIP RESERVATION

By completing the following section, you will reserve a sponsorship for your company/organization at the AACOM Annual Meeting. This reservation is subject to conditions specified on the conference web site. If you would like to discuss sponsorship options, call Beth Martino, AACOM Manager of Meetings and Events, at (301) 968-4189.

Please describe your company in 50 words or fewer, for inclusion in the *Final Program*.

SPONSORSHIP LEVEL

Please select an item or event to sponsor from the Sponsorship Opportunities on AACOM's website.

Platinum Gold Silver Friend of the Conference

Item/Event(s) to be Sponsored _____

Total Cost of Sponsorship \$ _____

Sponsorship will be reserved upon receipt of your 50 percent deposit. **All sponsorships must be paid in full by February 13, 2009.** AACOM reserves the right to reject any sponsorship.

ADVERTISEMENT IN THE FINAL PROGRAM

Ad Size: (width x height) _____ X _____ Rate: \$ _____ + \$550 for four-color (covers only) = \$ _____

TOTAL COST OF YOUR EXHIBIT, SPONSORSHIP, AND ADVERTISEMENT FEES: \$ _____

Amount Enclosed \$ _____ Full Payment 50% Deposit

Method of Payment: Check MasterCard Visa

Name on Credit Card _____

Card No. _____ Security Code _____ Expiration Date _____

Signature _____

No cancellation of this agreement will be accepted, or refund made, after February 13, 2009. Make checks payable to the American Association of Colleges of Osteopathic Medicine. Address all communications regarding exhibits, sponsorships, or advertising to: Beth Martino, AACOM, 5550 Friendship Blvd, Suite 310, Chevy Chase, MD 20185; Phone (301) 968-4189; Fax (301) 968-4101.

FOR AACOM USE ONLY

Space Assigned	Total Cost	Payment Received	Check #
Balance Due	Representative of AACOM		