

AMSSM 20TH ANNUAL MEETING
APPLICATION AND CONTRACT
APRIL 30 – MAY 4, 2011
SALT LAKE CITY, UTAH

You are hereby authorized to reserve space for one use in the exhibit hall at the AMSSM 20th Annual Meeting. This application is made with the understanding that the applicant agrees to abide by all regulations outlined in the exhibit prospectus which becomes part of the accepted contract along with the other rules and directives which may be used by the sponsoring organizations in connection with these scientific sessions.

AMSSM strives to offer exhibitors the most advantageous location for conduct of business. Please list exhibitors we should avoid placing adjacent or opposite your display.

As an added benefit, we will list your company name, address, telephone, and a brief description of products or services in the Course Syllabus. **Please provide, in 40 words or less, a description of your products or services.** Please explain how your product or service is relevant to the professional needs of the attendees.

RENTAL RATES:

A standard booth is \$3,600 (US dollars)
Booth Size: All booths are 10-feet wide by 10-feet deep

PAYMENT:

Deposit due: \$2,000 (US dollars) per booth
Final payment due MARCH 30, 2011

Please complete the entire application/contract. Incomplete applications will be returned and will delay the processing of the application. We are enclosing with this application a deposit of \$2,000 (US dollars) for each booth requested. We agree to pay the balance of the space assigned on or before MARCH 30, 2011. We understand that failure to submit final payment by MARCH 30, 2011 will result in cancellation of booth space and forfeiture of deposit. Advance notice will be given before booth space is cancelled.

Please type your company name and address as you wish it to appear in the Course Syllabus.

Please indicate if Exhibit Service Manual should be sent to a different address

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Company E-Mail: _____

Company website address: _____

Name of contact person: _____

(person to whom all correspondence and exhibit service kit should be sent)

Contact person's telephone number: _____

Contact person's e-mail address: _____

Signature of Authorizing Officer: _____

PLEASE NOTE: Your signature notes that you are authorized to reserve space at the AMSSM 20th Annual Meeting, you have agreed to pay for your booth space(s) with this application and that you have read the rules and regulations.

Payment Information: 10' X 10' Exhibit Booth: \$3,600.00

Number of booths requested: Total payment enclosed: \$

Check (payable to AMSSM)

Visa

MasterCard

Discover

American Express

Account Number: _____

Expiration Date: Security Code: (THE LAST THREE DIGITS ON THE BACK OF YOUR CARD IN THE SIGNATURE STRIP)

Name Imprinted on Card: _____

Cardholder's Signature: _____

Alternate Address to Send Exhibit Service Manual:

Firm Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country if other than U.S.A. _____



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FOR FURTHER INFORMATION, CONTACT:

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