EXHIBIT SPACE APPLICATION AND CONTRACT

44th[d] AAPM Annual Meeting • Exhibit Dates July 14 - 17, 2002 • Montreal, Quebec, Canada

Instructions

1. Please print or type all information requested.
2. Sign this copy and mail or fax with **FULL payment** to:
   Lisa Rose Sullivan, AAPM, One Physics Ellipse, College Park, MD 20740-3846 or Fax 301-209-0862
3. Booth assignments will be mailed **April 15.**

Space Selection	**Booth No(s)**	**Booth Size**	**Number of Corners Requested** *(For Inline Booths only)*	**Total Amount**
1st	_____	_____x_____	_____	$_____
2nd	_____	_____x_____	_____	$_____
3rd	_____	_____x_____	_____	$_____

Competitor Proximity

List any Exhibitors you **wish to be near**:

1. _____
2. _____
3. _____

List any Exhibitors you **do not wish to be near**:

1. _____
2. _____
3. _____

Space Assignment Priority

Rank (1 - 4) beginning with most important criteria for space assignment:

_____Floor Location _____Competitor Proximity _____Associate Proximity _____Corner Space

Product Category **IMPORTANT: Please check the appropriate boxes.**

Product Focus:

G Medical Equipment **G** Medical Imaging **G** Pharmaceuticals **G** Publishing **G** Radiation Oncology **G** Other

***Product Line(s)*:**

G Brachytherapy
G CT/MRI
G Detectors/Dosimetry
G General Medical Physics
G Government Agency
G Imaging Film
G Info Systems Management
G Lasers & Optics Manufacturer
G Nuclear Medicine
G Patient Handling/Positioning
G Pharmaceutical Manufacturer
G Professional Society
G Quality Assurance
G Simulators
G Shielding/Construction
G Technology Management
G Treatment Planning
G Treatment Units
G University
G X-ray/Radiographic
G Ultrasound

Company_____ Date _____

(List as to be displayed in all printed materials)

If newly formed company, please list previous company names:

_____

Contact Name (please print) _____

Mailing Address _____

City, State, Zip/Postal Code, Country _____

Tel _____ Fax _____ E-mail _____

Completed by/Signature _____ Title _____

Payment: Please indicate payment type

" MasterCard " American Express " Visa " Check **drawn on US bank, payable to AAPM**

_____ _____ _____

Credit Card Number **Expiration Date** **Signature**

TOTAL PAYMENT WITH CONTRACT: $ _____

(Do not write below this line)

Date Received _____ **Contract No** _____ **Corporate Affiliate Level** _____

Points: Date _____ **+ Historical** _____ **+ Bonus** _____ **=** _____

Price of Space $_____ **Amt. Enclosed $**_____ **Space Assigned** _____