

## EXHIBIT SPACE APPLICATION AND CONTRACT

45th AAPM Annual Meeting • Exhibit Dates August 10 - 13, 2003 • San Diego, California

### 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 <small>(For Inline Booths only)</small>	Total Amount
1 <sup>st</sup>	_____	_____ X _____	_____	\$ _____
2 <sup>nd</sup>	_____	_____ X _____	_____	\$ _____
3 <sup>rd</sup>	_____	_____ X _____	_____	\$ _____

### Competitor Proximity

- |  |   |
|--|---|
| List any Exhibitors you <b>wish to be near</b> :<br>1. _____<br>2. _____<br>3. _____ | List any Exhibitors you <b>do not wish to be near</b> :<br>1. _____<br>2. _____<br>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:**

Medical Equipment   
  Medical Imaging   
  Pharmaceuticals   
  Publishing   
  Radiation Oncology   
  Other

**Product Line(s):**

<input type="checkbox"/> Brachytherapy	<input type="checkbox"/> Lasers & Optics Manufacturer	<input type="checkbox"/> Shielding/Construction
<input type="checkbox"/> CT/MRI	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Technology Management
<input type="checkbox"/> Detectors/Dosimetry	<input type="checkbox"/> Patient Handling/Positioning	<input type="checkbox"/> Treatment Planning
<input type="checkbox"/> General Medical Physics	<input type="checkbox"/> Pharmaceutical Manufacturer	<input type="checkbox"/> Treatment Units
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Professional Society	<input type="checkbox"/> University
<input type="checkbox"/> Imaging Film	<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> X-ray/Radiographic
<input type="checkbox"/> Info Systems Management	<input type="checkbox"/> Simulators	<input type="checkbox"/> 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: \$ \_\_\_\_\_**

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 (Do not write below this line)

Date Received \_\_\_\_\_ Contract No \_\_\_\_\_ Corporate Affiliate Level \_\_\_\_\_

Points: Date \_\_\_\_\_ + Historical \_\_\_\_\_ + Bonus \_\_\_\_\_ = \_\_\_\_\_

Price of Space \$ \_\_\_\_\_ Amt. Enclosed \$ \_\_\_\_\_ Space Assigned \_\_\_\_\_