

ASPS Exhibitor Application

These documents are herein termed the Terms and Conditions and Contract for Exhibitors. The decision to solicit industry support in the form of exhibits for continuing education (CE) activities is the decision of ASPS.

Exhibitor Responsibilities

1. Complete and return the Exhibitor Contract with payment for the displaying opportunity to ASPS HQ.
3. Exhibitors must set-up and tear-down their displays during the approved dates and times and following the directions set by the conference staff and the venue management.
4. Exhibitors may provide informational materials to conference attendees at the educational event.
5. Exhibitors may dialogue with conference attendees during the designated exhibit hall times and during meal breaks.
 - a. Exhibitors must be open to interacting with all activity attendees without preference.
 - b. Exhibitors are restricted from discussing promotional matters to activity attendees or course faculty within the educational setting.
6. Exhibitors are restricted from congregating near the meeting room where the educational activity occurs.
7. Exhibitors must check-in with the conference staff at the activity registration table.
8. Each exhibiting representative must obtain and wear a conference name badge identifying the individual as an exhibitor.

ASPS reserves the right to re-locate and adjust the exhibit hall or to restrict or adjust the permissions. Company representatives in violation of the contract and or Terms and Conditions are subject to eviction from the conference and exhibit hall with forfeiture of the exhibit fee. ASPS reserves the right to cancel this conference and will refund exhibit fees in their entirety.

Course Name:	Fifth Annual ASPS Surgical Conference
Course Date:	September 8-9, 2017
Location:	Baltimore Marriott Inner Harbor, Baltimore, MD
Course Director:	Khalid Husain, DPM - ASPS Education Committee Chair
Exhibit Costs	\$1,000

This Terms and Conditions Exhibitor Contract / Application is entered into as of this date, _____, by _____ for the purpose of exhibiting at the Fifth Annual ASPS Surgical Conference at the Baltimore Marriott Inner Harbor, in Baltimore, MD. This form is not for use in the provision of a grant.

Method of Payment

Checks

Personal checks, company checks, and credit cards are acceptable forms of payment for the \$1,000 exhibit fee.

Make checks payable to ASPS and mailed to:

ASPS

Attn: Tiffany Kildale

9312 Old Georgetown Road

Bethesda, MD 20814

If your personal or employer check is arrived under separate cover, you may send or fax in your completed contract/application form now, but you must complete the Credit Card Payments section below the valid credit card information in order to hold your reservation. If the check payment is not received by four weeks post course, we will charge the fee to the credit card number provided.

Credit Card Payments

VISA

MasterCard

American Express

Discover

Credit Card #:	
Expiration Date:	Security Code:
Cardholders Name:	
Zip Code of Billing Address:	
Signature:	
Enclosed Payment Amount:	

Final Contract

The Company must complete, sign, and return this application to ASPS.

Authorized Company Representative Signature	Title	Date
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Please return the application by fax or mail by August 4, 2017.

Fax: 301-571-9549

Mail: ASPS

Attn: Tiffany Kildale

9312 Old Georgetown Road

Bethesda, MD 20814