



## AAPM EXHIBIT SPACE APPLICATION AND CONTRACT

For first consideration in space assignment booth application should be submitted by February 19, 2025  
Email: [sarah@aapm.org](mailto:sarah@aapm.org) | Fax: 571-298-1301

### BOOTH SPACE PRICING

*For examples of each booth type as well as the full list of booth fees, refer to the Exhibitor Website.*

#### Inline Booth Spaces

- \$38 per square foot (10 x 10 = \$3,800; 10 x 20 = \$7,600; 10 x 30 = \$11,400; etc.)
- Add \$250 for each 'corner' included in the inline booth space

#### Peninsula Booth Spaces

- \$9,775 for 10 x 20 space

#### Island Booth Formations

- \$38 per square foot + \$250 per corner

#### Two-Story Booth Formations — Cost for 2nd Level

- \$18 per square foot added

#### First Time Exhibitors

- \$26.60 per square foot
- Add \$250 for each corner

#### Space Application

To complete the Exhibit Space Application:

- Review the AAPM floorplan and determine your top three (3) booth selection requests.  
The entrances are indicated on the floor plan so please note when selecting your requested booth spaces.
- List any exhibitors you wish to be near and any competitors you do not want to be near.
- Indicate your priority regarding the assignment of your booth space (i.e. floor location, competitor proximity, associate proximity, corner space).
- Indicate the product focus and product line that best applies to your organization.

#### Selecting Booth Space

- The draft floorplan posted in the Prospectus will be maxed out with 10' x 10' in-line booth spaces only.  
No ISLAND formations will be indicated on the floorplan.
- If you would like to reserve a space larger than a 10' x 10', please list the booth numbers you'd like combined to create your desired booth formation on the Space Application.
- To assist HQ with understanding your intentions, it is suggested you also print the floorplan, use a marker to outline/indicate your top 3 choices, and submit the floorplan with your space application.

AAPM Exhibit Space Application and Contract, Cont.

EXHIBITOR / ORGANIZATION INFORMATION

Company: \_\_\_\_\_ Date: \_\_\_\_\_  
(To be displayed in all printed materials)  
If newly formed company, please list previous company name: \_\_\_\_\_  
Name of person handling the meeting logistics for your company: \_\_\_\_\_  
Exhibitor Contact E-Mail (required): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ ☐ Check if address change from previous year  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Billing Contact Name (please print): \_\_\_\_\_ Billing Contact E-mail (required): \_\_\_\_\_  
Marketing Manager Name (please print): \_\_\_\_\_ Marketing Manager E-mail (required): \_\_\_\_\_

BOOTH TYPE (PLEASE CHECK THE APPROPRIATE BOXES) | Refer to the Exhibitor Prospectus for examples of each booth type

☐ Inline Booth    ☐ Peninsula Booth    ☐ Inline Booth With Corner    ☐ Island Booth    ☐ First Time Exhibitor

SPACE SELECTIONS	Booth Numbers (s)	Booth Size	Second Level Size (For Island Booths Only)	# Corners Requested (For Inline Booths Only)	Total Amount
	1st _____	_____ X _____	_____ X _____	_____	\$ _____
	2nd _____	_____ X _____	_____ X _____	_____	\$ _____
	3rd _____	_____ X _____	_____ X _____	_____	\$ _____

ASSOCIATE / COMPETITOR PROXIMITY

List any Exhibitors you **wish to be near**:  
1. \_\_\_\_\_ 1. \_\_\_\_\_  
2. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 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: \_\_\_\_\_ Floor Location    \_\_\_\_\_ Associate Proximity    \_\_\_\_\_ Competitor Proximity    \_\_\_\_\_ Corner Space

PRODUCT CATEGORY (IMPORTANT – PLEASE CHECK THE APPROPRIATE BOXES)

**Product Focus:**

☐ Biotechnology  
☐ Information Technology  
☐ Laser Optics  
☐ Medical Equipment

☐ Medical Imaging  
☐ Professional Service Provider (Recruiters)  
☐ Publishing  
☐ Radiation Oncology

☐ Radiosurgery  
☐ Other \_\_\_\_\_

**Product Line / Services:**

☐ Analytics  
☐ Aides for Disabled  
☐ Biotechnology Manufactures  
☐ Brachytherapy  
☐ Detectors/Dosimetry  
☐ Electromedical Equipment  
☐ General Medical Physics  
☐ Government Agencies  
☐ Healthcare Providers  
☐ Imaging Film  
☐ Implants and Artificial Organs  
☐ Implantable Medical Products

☐ Info Systems Management  
☐ Instructional Laboratory Equipment  
☐ Laser & Optics Manufacturers  
☐ Medical Physics Consulting Groups  
☐ Nuclear Medicine  
☐ Organ Motion Management  
☐ Patient Handling/Positioning  
☐ Professional Society  
☐ Quality Assurance  
☐ Radiation Therapy  
☐ Robotics and Computer Automation  
☐ Shielding/Construction

☐ Simulators  
☐ Technology Management  
☐ Telecommunications  
☐ Test and Measurement Equipment  
☐ Treatment Planning  
☐ Treatment Units  
☐ Ultrasound  
☐ Universities  
☐ X-ray/Radiographic  
☐ Other \_\_\_\_\_

EXHIBITOR AGREEMENT

I have read, understand and agree to adhere to the rules and regulations as stated as part of the 2024 AAPM Exhibitor Prospectus and AAPM Code of Conduct at Meetings and Social Events (AP-133-A). As well, I agree to adhere and abide the rules of the official service providers and the Convention Center. The undersign is empowered to enter into contracts on behalf of the exhibiting company.

Completed by/Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Upon submitting the Exhibit Space Application, Exhibitors will be sent a confirmation email that the application was received. If payment is not received by April 9, 2025, your booth will be removed from the floorplan.

STAFF ONLY SECTION

Staff Notes: \_\_\_\_\_