

AAPM Tabletop Exhibit Space Application • AAPM Spring Clinical Meeting
March 29 – April 1, 2025 • M Hotel • Henderson, NV

Please complete and submit this form to AAPM by January 9, 2024 for first consideration in space assignments.

Section 1: EXHIBITOR / ORGANIZATION INFORMATION

Company: _____
(List the name of your organization to appear in AAPM Promotional materials)

Exhibitor Contact Name: _____
 (the name of the person handling the meeting logistics for your company)

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

E-mail (required): _____ Tel: _____ Fax: _____

Check if address change from previous year

Additional Company Contact Name: _____ Email: _____

Marketing Contact Name: _____ Email: _____ Phone: _____

Section 2: TABLETOP EXHIBIT SPACE SELECTION & FEE

Review the **2025 AAPM floor plan** to determine your top three table space selections:

List top three selections: 1. _____ 2. _____ 3. _____

Exhibit Space Options	No. of Complimentary Exhibitor Personnel Registrations	Price
Premium Island Exhibit – up to Three 6-Foot Tables	Two Full Registrations	\$3,375 \$6,250 (With Reception Sponsorship)
Inline Table Exhibit – One 6-Foot Table	One Full Registration	\$1,800
Publisher's Table	One Full Registration	\$1,250
Each Additional Table		\$1,200

Reservation Rental Fee

Premium Island Exhibit – up to Three 6-Foot Tables	Inline Table Exhibit – One 6-Foot Table	Publisher's Row
___ \$3,375 ___ \$6,250 (With Reception Sponsorship)	___ First Table Rental Fee \$1,800	___ First Table Rental Fee \$1,250
	___ Additional Tables: \$1,200	___ Additional Tables: \$1,200
Total Rental Fee: \$	Total Rental Fee: \$	Total Rental Fee: \$

Competitor Proximity:

List any Exhibitors you wish to be near:

1. _____

2. _____

List any Exhibitors you do not wish to be near:

1. _____

2. _____

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

___ Floor Location ___ Competitor Proximity ___ Associate Proximity ___ Corner Space

Section 3: Exhibitor Agreement

I have read, understand and agree to adhere to the rules and regulations as stated as part of the 2025 AAPM Exhibitor Prospectus and AAPM Code of Conduct at Meetings and Social Events (AP 133-A).

Section 4: Authorized Signature

Signature: _____ Title: _____

Printed Name: _____ Date: _____

By signing this agreement, you agree and give AAPM permission to bill you for the amount of table space selected.

INSTRUCTIONS FOR SUBMITTING CONTRACT

- Upon receipt of Space Application Form, Exhibitors will be sent a confirmation that the application has been received..
- Full payment can be submitted by ACH or wire transfer.
- Checks should be payable to AAPM..
- Other forms of payment, call AAPM at 571-298-1216.

• In order to be considered for first round of space assignments this form must be submitted by **January 8, 2025** and, **full payment MUST be received by February 13, 2025.** Please mail, fax, or E-mail space applications to: Sarah Driver, CEM at sarah@aapm.org
 1631 Prince Street, Alexandria, VA 22314, 571-298-1230, (Fax) 571-298-1301