

# Application and Contract for Commercial Exhibit Space

## American Psychiatric Association 61<sup>st</sup> Institute on Psychiatric Services

October 8-10, 2009 • Sheraton New York Hotel • New York, NY

**Priority Points Deadline: June 5, 2009**

**Contract Void Without Appropriate Deposit**

**Company Information:** *(Please print or type all information.)*

Company/Organization \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_

**Agreement:**

The undersigned hereby authorizes the American Psychiatric Association to reserve exhibit space in the Sheraton New York Hotel and Towers for use by the above company/organization during the Institute on Psychiatric Services. The undersigned acknowledges receipt of and agrees to abide by the Exhibitor Rules and Regulations as printed in the Exhibitor Prospectus, and to all conditions under which exhibit space at the Sheraton New York Hotel and Towers, is leased to the American Psychiatric Association. The undersigned further certifies that the product/services listed on this contract are those that will be exhibited.

Authorized Officer's Name \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail Space Confirmation, Exhibitor's Service Manual and Other Information to:** *(This information is not for publication.)*

Name \_\_\_\_\_ Title \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_ E-Mail \_\_\_\_\_

*Note! Please provide e-mail address, as important exhibitor information will be sent via e-mail.*

**Booth Selection and Pricing:**

**Inline Booths** = \$1,800 per 8' x 10'    **Corner Booths** = \$1,900 per 8' x 10'

**Island Booths** = \$29.00 per sq. ft.    16' x 20' = \$9,280    |    16' x 30' = \$13,920    |    16' x 40' = \$18,560

Booth size requested: \_\_\_\_\_ x \_\_\_\_\_     Inline     Corner     Island (16' x 20' or larger)

List choices of booth locations (numbers) in order of preference.

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

We wish to avoid having our exhibit located adjacent to or opposite the following company(s): \_\_\_\_\_  
*(Note: Avoidance of specific exhibitors may negatively affect your booth location.)*

**Payment Information:**

50% of total cost is due with contract. After July 24, 2009, FULL PAYMENT is required with application.

All exhibiting organizations canceling space will be charged a **\$100 processing fee**. No refunds will be issued for exhibit space cancellations received **after** July 24, 2009.

**Payment by Credit Card:** Complete the "Credit Card" section below and FAX this form to **(314) 994-9650**.

If faxed, was a copy also mailed to Department 334, Washington, DC?     Yes     No

Credit Card:     Visa     MasterCard     American Express    (No Other Cards Accepted)

Account Number                    Expires   

Amount to charge: \$ \_\_\_\_\_    Signature: \_\_\_\_\_

**Check or Money Order:** Mail this form, along with your check or money order, made payable to American Psychiatric Association, to:

**For Regular Mail:**  
**American Psychiatric Association**  
Exhibits Manager  
Department 334  
Washington, DC 20055-0334

**For Overnight or Delivery Requiring a Signature:**  
**Bank of America Lockbox Services**  
Lockbox 334  
11333 McCormick Road  
Hunt Valley, MD 21031

**NOTE**  
**NEW ADDRESS**  
**EFFECTIVE**  
**MAY 11, 2009**

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Program Book Listing

Your company's name, address, booth number, and company description will be listed alphabetically by company, and listed by product/service in the APA Program Book which will be distributed to all attendees. Complete this portion of the form to ensure your company's accurate listing. If any of the information is left blank, your company's listing will be incomplete. This information is due by July 31, 2009. PLEASE print or type.

I. Please check one category that best describes your product/service for listing in the final Program Book:

- Computer Software/ Online Service/Media Product
Computer Software/ Online Service/Media Product - Diagnostic Tool
Diagnostic Laboratory
Diagnostic Tool
Dietary Supplement
ECT
Educational
Electronic Monitoring
Electronic Health/Medical Records
Financial Service
Hospital
Insurance
Locum Tenens
Management
Market Research (must include letter from sponsor)
Medical Device
Medical Education
Patient Record Forms
Pharmaceutical Product Name
Phototherapy
Professional Support/ Organization
Psychiatric Facility
Publisher/Bookseller
Recruitment
State/Federal
Therapeutic Massage Equipment
Other (please specify)

II. The information provided here is for publication:

Company/Organization Name:
Street Address:
City/State/Zip Code:

III. Product/Service Listing:

Please type or print. The following description of 65 words or less is for submission for approval to the Committee on Exhibits and Industry for inclusion in the APA Program Book. Pharmaceutical products must be listed with trade names followed by the generic name. The APA reserves the right to edit the description for content.

- Use the same listing as published in last year's Program Book
Use this new text:

Blank lines for providing product/service details.

- Use this generic listing:

Please visit the [Company Name Here] exhibit for more information about their products and services that will be of interest to you.