



Application and Contract for Commercial Exhibit Space

American Psychiatric Association

163rd Annual Meeting

May 22-26, 2010 • The Morial Convention Center • New Orleans, LA

Priority Points Deadline: December 4, 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 (APA) to reserve exhibit space in the Morial Convention Center, New Orleans, LA, for use by the above company/organization during the APA Annual Meeting. *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 Morial Convention Center is leased to the APA. The undersigned further certifies that the product/services listed on this contract are those that will be exhibited.*

Authorized Signature _____ Title _____ 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Mail Space Confirmation, Exhibitor's Service Manual and Other Information to: *(This information is not for publication.)*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 = \$2,800 per 10'x10' Corner Booths = \$2,900 per 10'x10' Island Booths = \$34.00 per sq. ft.

Booth size requested: _____ x _____ Inline Corner Island (20'x20' 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.)

We would like to be in the Publishers' Book Fair
(See Additional Information on Page 5)

We would like to be in the Career Fair
(See Additional Information on Page 6)

Payment Information:

50% of total cost is due with contract. After March 5, 2010, 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 March 5, 2010.

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 Yes No

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

Account Number Expires

Amount to charge: \$ _____ "I authorize you to charge the payment." 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:
NEW Bank of America Lockbox Services
 Lockbox 334
 11333 McCormick Road
 Hunt Valley, MD 21031





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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 March 5, 2010. PLEASE print or type.**

I. Please check one category that best describes your product/service for listing in the final *Exhibits Guide*:

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

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 *Exhibits Guide*
- Use this new text:

- 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.