

Exhibit Dates: September 8-9, 2016

Conference Dates: September 7-10, 2016

Louisville Marriott Downtown Louisville, Kentucky

STEP ONE: Contact Information Please legibly complete all information below for use in the **Printed Program**.

Contact Name: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ Cell: _____

Email: _____

Company Website Address: _____

Authorized Signature: _____ Date: _____

STEP TWO: Select Your Exhibit Booth Size

	By Oct. 1	On/After Oct. 2
10' x 10' Booth	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,200
10' x 20' Booth	<input type="checkbox"/> \$3,400	<input type="checkbox"/> \$3,600
Exhibit Booth Total \$ _____		

Select Your Exhibit Booth Space

Please look at the Exhibit Hall Floor Plan on the back of this page and indicate your preferences below:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

List any potential exhibitors you wish to be near:

List any potential exhibitors you DO NOT wish to be near:

Exhibitor Representatives:

Approximately six (6) weeks prior to the conference, you will be asked to provide the names of exhibitors who will be attending. Two complimentary badges (no CE credit) are provided with each booth. Each additional representative is \$200. Booth representatives are invited to participate in all food and beverage events held in the Exhibit Hall ONLY. Any exhibitor wishing to register for and attend the conference educational sessions will register through the normal registration process used by conference participants. Exhibitors paying conference registration fees will be awarded contact hours for educational sessions attended.

STEP THREE: Method of Payment

A deposit of \$500 is required to secure your booth. The remaining balance will be due with the return of your completed Exhibitor Conference Registration which will be sent to you in November 2015.

All funds MUST be submitted in U.S. funds from a U.S. bank. ASPMN® does not accept purchase orders or invoice for services.

ASPMN® Tax ID 58-1905277

Check made payable to ASPMN® – check # _____

Charge payment to the following credit card:

American Express VISA MasterCard Discover

Credit Card Number Expiration Date

Name as it appears on Card – Please Print

Signature Date

STEP FOUR: Send in Your Application

You may complete this form and hand deliver to an ASPMN® meeting staff member while on site.

Fax: Fax completed application form and credit card payment information to: 913-895-4652, or email to ASPMN@goAMP.com.

Mail: Mail completed application form and appropriate fees to:
ASPMN® Executive Office **Courier service only:**
P.O. Box 15473 ASPMN® Executive Office
Lenexa, KS 66285-5473 18000 W. 105th St.
Olathe, KS 66061

Please DO NOT mail AND fax your application.

Exhibitor Questions: Contact us at
ASPMN@goAMP.com or 913-895-4907.

Please contact me about product theater opportunities.

Exhibit Hall Floor Plan

