

Exhibit Dates: September 18-20, 2019
Conference Dates: September 18-21, 2019

Portland Marriott Downtown Waterfront, Portland, OR

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

Company Name: _____

Exhibit Contact: _____ Sponsor Contact: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ Cell: _____

Exhibit Email: _____ Sponsor Email: _____

Company Website Address: _____

Authorized Signature: _____ Date: _____

STEP TWO: Select Your Exhibit Booth Size

Early Bird Deadline By On/After
Extended to Jan. 31, 2019 Oct. 24, 2018 Oct. 25, 2018

10' x 10' Booth \$2,000 \$2,200

10' x 20' Booth \$3,400 \$3,600

Exhibit Booth Total \$ _____

Select Your Exhibit Booth Space

Please review 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 \$325. 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: Contact me about sponsorship opportunities

My budget is: \$10,000+ \$5,000 - \$10,000

\$3,000 - \$5,000 Under \$3,000

STEP FOUR: Method of Payment

A deposit of \$500 is required to secure your booth. Full payment is due no later than May 17, 2019.

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 FIVE: Send in Your Application

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

Mail: Mail completed application form and appropriate fees to:
ASPMN® Executive Office
4400 College Blvd, Ste. 220
Overland Park, KS 66211

Exhibitor Questions: Contact us at
ASPMN@kellencompany.com or 678-303-2963.

Please contact me about product theater opportunities.

Exhibit Hall Floor Plan

