



## Side A

### Important:

Please type or print this application. Exhibitor must complete Sides A and B, include payment info and sign before contract can be processed.

# Application and Contract for Exhibit Space

- Return fully completed application, Side A and B, with full payment by March 31, 2009, for priority points to apply. Requests made after March 31, 2009, will be assigned on a first-come, first-served basis. Only a signed application/contract with full payment will be accepted for booth assignment.
- Facsimile copies are accepted to guarantee booth space with MasterCard, Visa, Discover or American Express\* card payment.

- If space is cancelled before May 29, 2009, a full refund of all monies will be made. If space is cancelled after May 29, but before June 30, 2009, 50% of the total will be returned. No refund will be given for space cancelled after June 30, 2009.
- The acceptance of this application shall be at the sole discretion of AAOMS, and upon acceptance, becomes a contract. By completing and signing this application, the undersigned agrees to comply with, and be subject to, the terms and conditions contained in the Exhibitor Prospectus, including but

and be subject to, the terms and conditions contained in the Exhibitor Prospectus, including but not limited to the Exhibition Regulations. AAOMS reserves the right to refuse or deny exhibit space at the AAOMS 2009 Dental Implant Conference to prospective exhibitors.

- NEW. Space selection April 13-17, 2009. See page 6 of Prospectus. A signature is required to complete the contract.  
\* There will be a 1.5% convenience fee added for American Express card users.

Check here if you are a new exhibiting company.

### A) Company Information

Please type or print clearly. (Note: Name and address of company will be published EXACTLY as indicated below. Please do not abbreviate.)

Company \_\_\_\_\_  
Street Address \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Web site Address \_\_\_\_\_

Information listed below is for AAOMS information only and will **not** be published. Send all exhibition information to (**specify contact name**):

Contact Person Name \_\_\_\_\_  
Title \_\_\_\_\_  
Contact Person Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
Contact Person Cell: \_\_\_\_\_  
Contact Fax \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
(Please list your e-mail address. Exhibitor bulletins and important updates may be sent via e-mail.)  
General E-Mail \_\_\_\_\_  
Product and Sales Inquiries for VHX (Virtual Exhibit Hall).  
Example: info@acme.com

### B) Product Listing

A description of products and services must be provided for exhibit consideration by AAOMS. Please e-mail summary as it should appear in the final program. Summary should be 35 words or less (350 characters), otherwise subject to AAOMS editing. **E-mail the summary to: debbies@aaoms.org by July 31, 2009 or fax to 847/233-9331**

### C) Virtual Exhibit Hall (VHX) Product Category

Required for placement on the AAOMS website.

#### D) Booth Fee Calculator

8'x10' booth w/Virtual Exhibit Hall fee \$ 2,175.00  
*(includes one (1) badge, food & beverage for one)*

Additional booth(s), with badge, food & beverage for one, at \$2,075 each = \$ \_\_\_\_\_

1 Corner @ \$175 = \$ \_\_\_\_\_  
2 Corners @ \$350 = \$ \_\_\_\_\_  
4 Corners @ \$700 = \$ \_\_\_\_\_

Additional badge(s), w/food & beverage, at \$100 ea. (max. of 4 add'l per booth) = \$ \_\_\_\_\_  
*(See rate chart on page 5)*

**Total** \$ \_\_\_\_\_

Corner Optional  Corner Mandatory  Corner Preferred

#### E) Booth Preference

NOTE: The exhibit configuration must comply with standard IAEE exhibition regulations. Certain booth sizes may require additional lighting. (If your choices are not available, space may be assigned by the AAOMS Exhibition Manager).

1st Choice  3rd Choice  5th Choice  
 2nd Choice  4th Choice  6th Choice

Please note the companies that you do not wish to be located immediately adjacent to or immediately opposite in the exhibit hall:

Please copy the floor plan and circle booth possibilities and submit with Side A and Side B of the application. You will be contacted for your booth selection appointment time in April.

**E) Payment.** Full payment is due with this signed application/contract. Please check one:  
Check # \_\_\_\_\_ (payable in US currency, drawn on a US account, to the American Association of Oral and Maxillofacial Surgeons)

Visa  MasterCard  Discover  American Express\*  
Credit Card Number: \_\_\_\_\_ 3 Digit Code ( ) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Name of Card Holder: \_\_\_\_\_  
Cardholder Signature: \_\_\_\_\_

APV \_\_\_\_\_

A signature is required to complete the application/contract.

Contact Signature \_\_\_\_\_

### EXHIBITION DISCLAIMER:

With the exception of specific products or services expressly endorsed by the American Association of Oral and Maxillofacial Surgeons (AAOMS), AAOMS does not endorse exhibit hall products or services, and the presence of any exhibition at an AAOMS meeting or function does not imply an endorsement. By attending the AAOMS Dental Implant Conference, registrants acknowledge and accept that AAOMS has assumed no duty to review, investigate, or otherwise approve, and has not reviewed, investigated, or otherwise approved, the quality, type, message, nature, or value of any product or service marketed by exhibitors. As such, attendees should conduct their own independent research of such products or services. AAOMS disclaims any liability for any damages to person or property arising out of any such product or service, and the attendee expressly waives any and all claims related to or arising from any such product or service.

### Note:

Signed Application/Contract and payment must be received prior to booth assignment being made.

FOR AAOMS USE ONLY

Accepted by the American Association of Oral and Maxillofacial Surgeons.

Date	Booth Size	\$ Amount Received	\$ Balance	Check/Credit Card	Booth(s) Assigned	Rank
------	------------	--------------------	------------	-------------------	-------------------	------

Product information is required and it is understood that it may be printed in the final meeting program. Please list each product or service to be exhibited and check any columns that apply and/or describe its present status:

## Side B

### Important:

Please type or print this application. Exhibitor must complete Sides A and B, include payment info and sign before contract can be processed.

Product	Product has FDA Premarket Approval	Product is FDA Approved	Previously Exhibited at an AAOMS Meeting
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of these products are currently in litigation with a government agency or are the subject of an unfavorable or cautionary report by an agency of the American Dental Association, please note here and explain:

Will your company be exhibiting anything categorized as FDA Class III? Yes No  
If yes, please explain:

**Product Category Index** — Check each item you will have on display at the 2009 Dental Implant Conference. If you have additional products or services available that are not listed here, please check "Other" and describe as generally as possible for publication.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Anesthesia/Emergency/Oxygen Equipment | <input type="checkbox"/> Dental Implant Systems                   | <input type="checkbox"/> Lasers/Electrosurgery Products | <input type="checkbox"/> Practice Management       |
| <input type="checkbox"/> Art                                   | <input type="checkbox"/> Education/Training:<br>— Staff — Patient | <input type="checkbox"/> Market Research/Consulting     | <input type="checkbox"/> Precious Metals           |
| <input type="checkbox"/> Association/Organization              | <input type="checkbox"/> Facial Implant Products                  | <input type="checkbox"/> Medical/Dental Publishing      | <input type="checkbox"/> Recruiting                |
| <input type="checkbox"/> Blood/Tissue Bank                     | <input type="checkbox"/> Financial Services                       | <input type="checkbox"/> Monitoring Equipment Supplies  | <input type="checkbox"/> Surgical Equipment        |
| <input type="checkbox"/> Cameras/Photography Equipment         | <input type="checkbox"/> Grafting Materials                       | <input type="checkbox"/> Nutrition                      | <input type="checkbox"/> Surgical Supplies/Sutures |
| <input type="checkbox"/> Cleaning/Sterilizing Equipment        | <input type="checkbox"/> Hand/Surgical Instruments                | <input type="checkbox"/> Office Communication Systems   | <input type="checkbox"/> TMJ Devices               |
| <input type="checkbox"/> Computer Hardware/Software            | <input type="checkbox"/> Imaging and Diagnostics                  | <input type="checkbox"/> Office Furniture/Design        | <input type="checkbox"/> Telescopes/Light Sources  |
| <input type="checkbox"/> Cosmetics                             | <input type="checkbox"/> Infection Control                        | <input type="checkbox"/> Office Supplies                | <input type="checkbox"/> Web Design                |
| <input type="checkbox"/> Dental Implant Equipment              | <input type="checkbox"/> Intraoral Cameras                        | <input type="checkbox"/> Pharmaceuticals/Drugs          | <input type="checkbox"/> X-Ray Equipment/Film      |
|  | <input type="checkbox"/> Laboratory Services/Supplies             |   | <input type="checkbox"/> Other _____               |
|  |   |   | <input type="checkbox"/> Other _____               |

For more information on corporate support and/or marketing options, please complete and return this form.

### Corporate Support Opportunities

- |  |  |
|--|--|
| <input type="checkbox"/> AAOMS Web Site                      | <input type="checkbox"/> Beverage Breaks                                 |
| <input type="checkbox"/> Audiovisual Equipment               | <input type="checkbox"/> Lunch for Attendees in Exhibit Hall             |
| <input type="checkbox"/> Badge Lanyards/Pocket Badge Holders | <input type="checkbox"/> Welcome Reception for Attendees in Exhibit Hall |
| <input type="checkbox"/> Educational Sessions                | <input type="checkbox"/> Internet Center                                 |
| <input type="checkbox"/> General Fund                        | <input type="checkbox"/> Other (please list) _____                       |
| <input type="checkbox"/> Hotel Key Cards                     | _____  |
| <input type="checkbox"/> Pens and Notebooks                  | _____  |

### Marketing

- Membership Mailing Labels (\$700.00)
- Pre-registration Mailing Labels (\$275.00)
- Post-conference Mailing Labels (\$325.00)
- Function Space Request
- Advance and/or Final Program Advertisement
- Hotel Channel Airtime
- Hotel Door Drop

(Print or type)

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Virtual Exhibit Hall e-mail info address: \_\_\_\_\_

### E-Mail, fax or mail form to:

Debbie Skrzypek, Staff Associate, Exhibition  
 AAOMS, 9700 West Bryn Mawr Avenue  
 Rosemont, IL 60018-5701  
 847/233-4331 | SECURE FAX: 847/233-9331  
 e-mail applications to: [debbies@aaoms.org](mailto:debbies@aaoms.org)

### EXHIBITION REGULATIONS:

The Exhibition Regulations governing exhibitors as printed in this publication are part of the contract. All exhibitors and their representatives must abide by these regulations. Acceptance of exhibiting firms by AAOMS and assignment of booth space will be coordinated by the AAOMS Exhibition Manager. Verification of same will be sent to the exhibitor. Drug products must be classified as accepted or provisionally accepted by the ADA's Council on Dental Therapeutics, or have been issued new drug applications by the US Food and Drug Administration. Claims pertaining to dental devices or products must be acceptable under the ADA's Council on Dental Materials, Instruments and Equipment. AAOMS will not be held liable for scientific context of descriptions provided by exhibiting firms to be printed in the 2009 Dental Implant Conference Final Program.

### FCC COMPLIANCE

In order for AAOMS to be in compliance with the pending FCC regulations, we would like you to consider signing this form so AAOMS may keep you informed of the latest changes, products and services being offered. Signing this form will also allow AAOMS and its official contracted service suppliers to continue faxing you important information about the Association and conference services. AAOMS must have your signature on file. Note that AAOMS never sells or shares its exhibitors' telephone, fax or e-mail contact information to outside parties. Please acknowledge your consent by signing below, and faxing this form back to AAOMS at secure fax number 847/233-9331.

Your preferred fax number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_