



2009 ASCP Annual Meeting, Chicago, IL – October 28–November 1, 2009 (Exhibit Dates: October 29–30, 2009)

1. Company Information: As It Should Appear in the Print Materials and Web Site Listings (i.e. Guide to the Meeting) (PLEASE PRINT)

Company Name: _____
 Street Address: _____
 City, State & Zip: _____ Website: _____
 Main Telephone: _____ Main Fax: _____

2. Primary & Secondary Contact Person (PLEASE PRINT)

Primary Contact Name: _____ Primary Title: _____
 Primary Telephone: _____ Primary Fax: _____
 Primary Email: _____

Secondary Contact (if applicable)

Secondary Contact Name: _____ Secondary Title: _____
 Secondary Telephone: _____ Secondary Email: _____

3. Exhibitor Fees

- \$1,950 10' x 10' exhibit space
- \$3,900 10' x 20' exhibit space
- \$100 Premium Corner Booth Fee Additional
- \$7,500 20' x 20' Island
- \$900 Product Showcase Area (per 30-minute time slot)

4. Exhibit Location Preference 1st 2nd 3rd 4th

Preference will be given based on the date your contract and payment are received by ASCP. *We try to keep competitors separated when assigning exhibit space. Please list companies who you prefer not to be near.*

5. What Products or Services Will You Be Exhibiting? (Check applicable boxes.)

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Analytical Instruments | <input type="checkbox"/> Diagnostics and Reagents | <input type="checkbox"/> Laboratory Instruments | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Billing Services | <input type="checkbox"/> Diagnostic Services | <input type="checkbox"/> Optical Equipment | _____ |
| <input type="checkbox"/> Computer Systems | <input type="checkbox"/> Employment/Recruiting | <input type="checkbox"/> Published Materials | _____ |

6. Payment

All applications/contracts submitted must include full payment. (Check applicable boxes.)

- Check Enclosed (payable to ASCP)

Check Number: _____ Amount: \$ _____

Credit Card: MasterCard Visa American Express

Credit Card Number: _____

Amount: \$ _____

Name on Card (please print): _____

Expiration Date: _____

Card Holder's Phone Number: _____

Signature: _____

7. Acceptance of Binding Contract for Commercial Support

We agree to all of the Terms and Conditions for this event (available upon request). This application is made by the undersigned, an authorized signatory of the above-listed company, and constitutes a binding contract with ASCP.

Name (please print): _____

Title: _____

Signature: _____

Date: _____

Submit Application and Payment to: ASCP, 4700 West Lake Ave. Glenview, IL 60025
Fax: 847-375-6459, Email: tberkowitz@connect2amc.com

OFFICE USE ONLY: Booth # _____ Customer # _____ Order # _____
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