



105TH ANNUAL MEETING

November 2-5, 2019 | Chicago

American Academy of Periodontology

APPLICATION AND CONTRACT FOR EXHIBIT SPACE



RETURN CONTRACT TO:

American Academy of Periodontology
737 N. Michigan Avenue, Suite 800
Exhibits Manager - Chicago, IL 60611-2690
Fax: 312-573-3225 Phone: 312-573-3210 Email: Margery@perio.org

For AAP Use Only

ID: # _____

Order: # _____

PAYMENT SCHEDULE

A \$1,000 deposit per 100 square feet of space is due for booths reserved on October 29, 2018, or October 30, 2018 during the on-site booth selection in Vancouver. The remaining balance is due on or before May 3, 2019.

All cancellations must be made in writing. Booths cancelled by January 2, 2019 are subject to a \$250 cancellation fee. Cancellations/reductions received between January 3 and May 3, 2019, are eligible to receive a 50 percent refund of the **total booth rental fee**. Cancellations/reductions after May 3, 2019, are not eligible to receive a refund.

The Exhibitor understands that this application must be accompanied by the appropriate payment due. No booth space will be reserved without proper payment. The Exhibitor understands that the assigned space will be charged at the rate of \$38.00 per square foot with an additional \$250 charge for each corner. A \$1,000 per 100 square feet is due with all contracts that are received prior to May 3, 2019 with FINAL payments due on May 3, 2019. All contracts submitted after May 3, 2019 must include full payment.

The undersigned (hereafter called the Exhibitor) hereby applies for space in the 2019 American Academy of Periodontology Annual Meeting Exhibition scheduled to be held at the McCormick Place - Lakeside Center, Chicago, Illinois, November 3-5, 2019. The Exhibitor understands that this application must be accompanied by the appropriate payment due. The Exhibitor hereby acknowledges receipt of and agrees to abide by the Exhibitor Regulations as printed in the 2019 AAP Annual Meeting Exhibitor Prospectus (Invitation to Exhibit), and which are made a part of this contract by reference and fully incorporated herein, and to all conditions under which exhibit space at the McCormick Place - Lakeside Center is leased to the American Academy of Periodontology.

BOOTH ASSIGNMENT

Booth assignments on October 29-30, 2018; while onsite in Vancouver will be assigned under the priority point system. All other booths will be assigned on a first-come, first-served basis.

PLEASE TYPE OR PRINT CLEARLY

Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

Website _____

Information listed below is for ALL exhibit related information only and will not be published. Send all Exhibition information to:

Contact Name _____ Contact Id No (For AAP Use Only) _____

Phone _____ Extension _____ Fax _____

E-mail address ** _____

** Important, as all Exhibitor bulletins and important updates will be sent via e-mail.

Exhibitor has read and understands the 2019 AAP Annual Meeting Rules and Regulations and agrees to abide by all of their terms. Exhibitor understands that the AAP is under no obligation to accept this application. Exhibitor further understands that the AAP will accept an application only if, in its sole judgment, it believes the Exhibitor will comply with these Regulations, and if there is adequate space.

Exhibitor assumes the entire responsibility and liability for all claims, losses, and damages to persons or property, governmental charges or fines, attorney's fees, and other costs caused by or in any manner arising out of or associated with Exhibitor's installation, maintenance, removal, occupancy, or use of the exhibit space or any part thereof, and Exhibitor agrees to protect, indemnify, defend and hold harmless the American Academy of Periodontology, McCormick Place - Lakeside Center, and their respective owners, officers, directors, members, employees, and agents against such claims, losses, and damages. In addition, Exhibitor acknowledges that neither the American Academy of Periodontology, nor McCormick Place - Lakeside Center maintains insurance covering Exhibitor's displays, equipment or other property, or covering Exhibitor's employees or agents, and that it is the sole responsibility of Exhibitor to obtain appropriate liability, property damage, and business interruption insurance covering such losses.

Authorized Signature _____ Printed Name _____

Title _____ Date _____

Check here if you are a **new exhibitor** to the AAP Check here if you will **sell products** on the Exhibit Floor

Note: submitted contracts will not be processed without the following:

- Deposit of \$1,000 per 100 square feet of exhibit space submitted with contract (Full payment is required by May 3, 2019)
- Completion of Section B (Reverse Side)
- Authorized Signature
- Certificate of Insurance will be required at a later date

BOOTH REQUEST

1. _____ Booth size requested (each unit is 10' x 10')

Corner requested (Corners are charged at the rate of \$250 per corner) Yes No

Peninsula Booth requested Yes No

Island Booth requested Yes No

2. The Exhibitor prefers the following booth numbers: (please complete all 6 selections)

1st choice _____ 2nd choice _____

3rd choice _____ 4th choice _____

5th choice _____ 6th choice _____

3. Exhibitor does not wish to be in immediate proximity of the following companies:

(The sponsor will attempt to adhere Exhibitor's request, but cannot guarantee the above)

4. Note any special circumstances you wish to be considered when space is assigned:

PAYMENT

Payment Amount _____

Check # _____

(payable to the American Academy of Periodontology)

VISA MasterCard AMEX

100% payment

_____ Initial here to authorize credit card payment for deposit and balance due (if applicable)

The AAP does accept wire transfers. Please contact Margery@perio.org for additional information.

Credit Card # _____

Security Code # _____ Exp Date _____

Authorized Signature _____

Printed Name _____



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of Periodontology**

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EXHIBITORS MUST COMPLETE SECTIONS A AND B BEFORE CONTRACT CAN BE PROCESSED.

1. Please state the FDA status of the product(s) to be displayed, if applicable:

2. 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:

3. Product category index - check each item that you will have on display at the Annual Meeting: LIMIT OF SIX (6)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 3D Navigation | <input type="checkbox"/> Diagnostic Equipment | <input type="checkbox"/> Management and Consulting Services | <input type="checkbox"/> Repair Services and Kits |
| <input type="checkbox"/> Abrasives | <input type="checkbox"/> Diagnostic Testing | <input type="checkbox"/> Market Research | <input type="checkbox"/> Resins |
| <input type="checkbox"/> Absorbents | <input type="checkbox"/> Diamond Points and Discs | <input type="checkbox"/> Matrices and Accessories | <input type="checkbox"/> Retainers |
| <input type="checkbox"/> Acrylics | <input type="checkbox"/> Disc, Mandrels and Strips | <input type="checkbox"/> Medicaments | <input type="checkbox"/> Retraction Materials |
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Disposable Products | <input type="checkbox"/> Microscopes | <input type="checkbox"/> Rubber Dam and Accessories |
| <input type="checkbox"/> Alginates | <input type="checkbox"/> Education/CE | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Saliva Ejectors |
| <input type="checkbox"/> Amalgams and Accessories | <input type="checkbox"/> Electrosurgical Equipment | <input type="checkbox"/> Models, Demonstrations | <input type="checkbox"/> Scalars |
| <input type="checkbox"/> Analgesia Equipment and Accessories | <input type="checkbox"/> Elevators | <input type="checkbox"/> Mouthprops | <input type="checkbox"/> Scalars, Ultrasonic |
| <input type="checkbox"/> Anesthesia Equipment and Accessories | <input type="checkbox"/> Emergency Equipment | <input type="checkbox"/> Mouthwashes and Rinses | <input type="checkbox"/> Scavenger Products and Accessories |
| <input type="checkbox"/> Anesthetics | <input type="checkbox"/> Emergency Kits | <input type="checkbox"/> Needles | <input type="checkbox"/> Sharpeners, Instrument |
| <input type="checkbox"/> Aprons, Lead | <input type="checkbox"/> Endodontic Instruments and Materials | <input type="checkbox"/> Office Decor | <input type="checkbox"/> Silicates |
| <input type="checkbox"/> Articulating Paper, Film and Ribbon | <input type="checkbox"/> Eugenols | <input type="checkbox"/> Office Design/Space Planning Services | <input type="checkbox"/> Soaps, Lotions, Cleansers |
| <input type="checkbox"/> Articulators | <input type="checkbox"/> Evacuators and Evacuator Systems | <input type="checkbox"/> Operating Room Equipment and Supplies | <input type="checkbox"/> Solutions |
| <input type="checkbox"/> Aseptic Water Systems | <input type="checkbox"/> Eyeware, Protective | <input type="checkbox"/> Oral Hygiene Aids | <input type="checkbox"/> Solutions, Sterilizing |
| <input type="checkbox"/> Association | <input type="checkbox"/> Face Masks and Shields | <input type="checkbox"/> Orthodontic Appliances,
Materials and Accessories | <input type="checkbox"/> Splinting Materials |
| <input type="checkbox"/> Audiovisual Products | <input type="checkbox"/> Financial Programs | <input type="checkbox"/> Oxygen Equipment | <input type="checkbox"/> Sterilizing Equipment and Accessories |
| <input type="checkbox"/> Autoclaves, Sterilizers and Accessories | <input type="checkbox"/> Floss Products | <input type="checkbox"/> Pads, Mixing | <input type="checkbox"/> Stones |
| <input type="checkbox"/> Blood Pressure Units | <input type="checkbox"/> Fluoride Products | <input type="checkbox"/> Paper Products | <input type="checkbox"/> Surgical Supplies |
| <input type="checkbox"/> Bookkeeping Systems | <input type="checkbox"/> Furniture and Accessories | <input type="checkbox"/> Patient Education | <input type="checkbox"/> Sutures |
| <input type="checkbox"/> Books, Journals, Publications | <input type="checkbox"/> Gloves | <input type="checkbox"/> Periodontal Materials | <input type="checkbox"/> Syringes |
| <input type="checkbox"/> Burs, Stones, Points and Blocks | <input type="checkbox"/> Graft and Regeneration Materials | <input type="checkbox"/> Personnel and Recruiting Services | <input type="checkbox"/> TMJ Diagnostic Supplies |
| <input type="checkbox"/> Business and Patient Record Forms | <input type="checkbox"/> Handpieces, Operating and Laboratory | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Toothbrushes, Manual |
| <input type="checkbox"/> Cameras | <input type="checkbox"/> Hygiene Kits | <input type="checkbox"/> Photographic Equipment and Supplies | <input type="checkbox"/> Toothbrushes, Power |
| <input type="checkbox"/> Cardiac Monitoring Equipment | <input type="checkbox"/> Implant Systems and Devices | <input type="checkbox"/> Plaque Control Products an Accessories | <input type="checkbox"/> Trays and Accessories |
| <input type="checkbox"/> Cements | <input type="checkbox"/> Impression Materials | <input type="checkbox"/> Polishes | <input type="checkbox"/> Trays, Impression |
| <input type="checkbox"/> Cheek Retractors | <input type="checkbox"/> Impression Systems | <input type="checkbox"/> Porcelain | <input type="checkbox"/> Tubing and Accessories |
| <input type="checkbox"/> Cleaners, Ultrasonic | <input type="checkbox"/> Infection Control Products | <input type="checkbox"/> Portable Equipment | <input type="checkbox"/> Ultrasonic Equipment |
| <input type="checkbox"/> Composite Instruments and Accessories | <input type="checkbox"/> Instruments, General | <input type="checkbox"/> Practice Marketing | <input type="checkbox"/> Ultrasonic Supplies |
| <input type="checkbox"/> Composites | <input type="checkbox"/> Instruments, Surgical | <input type="checkbox"/> Practice Management | <input type="checkbox"/> Uniforms and Other Garments |
| <input type="checkbox"/> Compressors, Air and Accessories | <input type="checkbox"/> Insurance | <input type="checkbox"/> Preventative Dental Products | <input type="checkbox"/> Units and Accessories |
| <input type="checkbox"/> Computer Hardware and Services | <input type="checkbox"/> Intraoral Cameras | <input type="checkbox"/> Probes, Manual and Electronic | <input type="checkbox"/> Units and Components, Delivery Systems |
| <input type="checkbox"/> Computer Imaging | <input type="checkbox"/> Irrigators, Oral | <input type="checkbox"/> Prophyl Brushes and Caps | <input type="checkbox"/> Vacuum Formers, Splint and Coping |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Laboratory Services | <input type="checkbox"/> Prophyl Materials | <input type="checkbox"/> Vacuum Units and Accessories,
Oral Evacuation |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Lasers | <input type="checkbox"/> Prosthodontic Appliances,
Materials and Accessories | <input type="checkbox"/> Water Filters and Distillers |
| <input type="checkbox"/> Cotton Products | <input type="checkbox"/> Lights, Operating | <input type="checkbox"/> Pulp Testers | <input type="checkbox"/> Whitening Products/Systems |
| <input type="checkbox"/> Crown Remover | <input type="checkbox"/> Lights, Other | <input type="checkbox"/> Pulse Oximeters | <input type="checkbox"/> Website Design |
| <input type="checkbox"/> Crowns | <input type="checkbox"/> Liners | <input type="checkbox"/> Pumps | <input type="checkbox"/> X-Ray Film and Supplies |
| <input type="checkbox"/> Defoggers | <input type="checkbox"/> Loupes | <input type="checkbox"/> Reamers | <input type="checkbox"/> X-Ray Machines and Equipment |
| <input type="checkbox"/> Dentifrices | <input type="checkbox"/> Lubricants | <input type="checkbox"/> Reinforcement Materials | <input type="checkbox"/> X-Ray Processors and Accessories |
| <input type="checkbox"/> Denture Base, Reline and Repair Materials | <input type="checkbox"/> Magnification Equipment | | <input type="checkbox"/> Miscellaneous (Specify) |

For AAP Use Only

Booth #(s) assigned _____

Size _____

Booth Cost \$ _____

Corner Cost \$ _____

Total Cost \$ _____

Deposit Received \$ _____

Balance Due \$ _____

Accepted for AAP by _____

Final Received \$ _____

Contract received date _____