



2017 Exhibit/Support Application

EXHIBIT/SUPPORT INFORMATION

Organization/Company: _____

Primary Contact Person: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: (_____) _____ Fax: (_____) _____

Website: _____ email: _____

EXHIBIT BOOTH INFORMATION

Booth Pricing: (Multiple booths may be purchased)

Exhibit Items	Price (each)	Quantity	Total Cost
8' x 10' booth	\$1450		\$
8' x 20' booth	\$2900		\$
16' x 20' booth	\$6200		\$
Tabletop	\$1050		\$
ASAM Awards Luncheon tickets	\$75		\$
Additional Booth Staff	\$200		\$
Total Amount Enclosed			\$

Exhibit Booth Location

Please list four (4) choices of [exhibit space](#). Many companies will apply for the same space, so please do not concentrate your choices in one area.

Your preferred locations:

1: _____ 2: _____ 3: _____ 4: _____

List any exhibitor you wish to be near: _____

List any exhibitor you wish NOT to be near: _____

Exhibit Staff (Two [2] complimentary exhibit registrations per booth and/or tabletop)

1. _____ email: _____

2. _____ email: _____

Additional Booth Staff

\$200 each

1. _____ email: _____

2. _____ email: _____

SUPPORT OPPORTUNITIES REQUEST

My organization would like to sponsor the following item(s): (Please see [Support Opportunities](#) in the Exhibitor Prospectus)

1. _____ 2. _____

3. _____ 4. _____

Total Price \$ _____

CONTINUE APPLICATION ON NEXT PAGE

PRODUCT CATEGORY INFORMATION

Please indicate below under what product category or categories your company should be listed:

- ☐ Association/Agency/Organization
- ☐ Pharmaceutical Manufacturers and Other Products and Services
- ☐ Treatment Programs
- ☐ Book or Software Publishers
- ☐ Other, please describe: _____

LISTING FOR FINAL PROGRAM (IF DIFFERENT THAN ABOVE)

Organization/Company: _____

Primary Contact Person: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Main Phone: (_____) _____ Fax: (_____) _____

Website: _____ email: _____

Exhibitor Profile: Please submit a description of your company's services and products in 25 words or less (if more, we will edit) to be printed in the Final Program.

PAYMENT

☐ Visa ☐ AMEX ☐ MasterCard ☐ Discover ☐ Check/Money Order (Make check or money order payable to ASAM)

I hereby authorize the American Society of Addiction Medicine (ASAM) to charge my account for \$_____

Card #: _____ Expiration Date: _____ Security Code: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Full payment in US funds drawn on a US bank must accompany application (ASAM does not accept purchase orders as payment). Please include name of exhibiting organization on check or money order.

Please complete and return with payment to:

American Society of Addiction Medicine
4601 North Park Avenue, Upper Arcade, Suite #101
Chevy Chase, MD 20815

APPLICATION AUTHORIZATION

In accordance with the rules and regulations outlined in this contract and governing the exhibit to be held at Hilton New Orleans Riverside, New Orleans, LA, the undersigned understands, accepts and agrees to the terms and conditions in the "Liability" paragraph on [page #11](#) of the Exhibitor Prospectus.

Authorized Signature: _____

NOTE: Application MUST be received by **Friday, March 3, 2017** in order to be listed within the conference on-site program.

All booths will include: standard drapery, company identification sign, 2 complimentary personnel badges per 80 sq. ft. of booth space, company profile in Conference Program and ASAM Website, and show security and online exhibitor service manual. Tables and chairs for each booth can be purchased for an additional fee through Freeman Exposition Services. Tables and chairs for each tabletop are included in the tabletop fee.

Questions? Contact Irina Vayner, Manager, Corporate Giving at 301.547.4120 or ivayner@asam.org.



ASAM American Society of
Addiction Medicine