



41st ANNUAL MEDICAL-SCIENTIFIC CONFERENCE
 April 15-18, 2010 • San Francisco, California

Application & Contract

PAYMENT Visa MasterCard
 Check/Money Order
We do NOT accept AMEX ✓

Please type or print clearly

Exhibit Information

Organization/Company _____
 Contact Person's Name _____
 Title _____
 Mailing Address _____
 City _____ State _____ Zip Postal Code _____
 Country _____ Phone _____ Fax _____
 E-mail _____ Web Site _____

Card No. _____
 Exp. Date _____
 Name on Card _____
 Authorized Signature _____

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

Make check or money order
 payable to ASAM.
 Full payment in U.S. funds drawn on a U.S.
 bank must accompany all registrations.
 (ASAM does not accept Purchase Orders
 as a form of payment.)
 Please include name of exhibiting
 organization on check or money order.

Exhibit Booth Selection Exhibit Booth: \$1,150.00 Booth Number: Please list 4 (four) choices of exhibit
 space. Many firms will apply for the same space, so please do not concentrate your choices in one area.
 Our preferred locations: if none of our preferred spaces are available, we request ASAM to assign us the
 best available space.

Booth Preference 1 | _____ | 2 | _____ | 3 | _____ | 4 | _____ |

Complimentary Exhibit Booth Staff:
Two (2) Exhibitor Registrations.

1. _____
 2. _____

List any exhibitor you wish to be near

Booth, Literature Display & Other Fees		
_____ Exhibit Booth(s) @ \$1,150.00	\$	_____
_____ Literature Display(s) @ \$400.00	\$	_____
_____ ASAM Awards Luncheon @ \$60	\$	_____
Total Amount Enclosed:	\$	_____

List any exhibitor you do **not** wish to be near _____
We will make every effort to accommodate these requests.

Listing of Exhibitors in Final Program (if different than above):

Organization/Company _____
 Mailing Address _____
 City _____ State _____ Zip Postal Code _____
 Country _____ Web Site _____

Booth Identification Sign

Organization/Company _____
 City _____ State _____

Exhibitor Profile Please submit a 25 words or less description of your company's services and products
 (if more, we'll edit it) to be printed in the Conference Program. Or use same description as in 2009.

Product Category Information

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

Associations/Agencies/Organizations Book and Software Publishers
 Pharmaceutical Manufacturers and Other Products and Services Treatment Programs
 Other, please describe: _____

Please complete and return with
 payment to ASAM's lockbox:
 The American Society of Addiction Medicine
 P.O. Box 80139
 Baltimore, Maryland 21280-0139, USA

Credit card payment may be faxed with
 Application & Contract to ASAM's office at 301-
 656-3815. Please do not mail and fax your payment.

Contract In accordance with the contract
 rules and regulations outlined in this con-
 tract and governing the exhibit to be held at
 The San Francisco Marriott, San Francisco,
 California, April 15-18, 2010, the under-
 signed understands and accepts and agrees
 to the terms and conditions in the "Liability"
 paragraph under the "Exhibitor Information"
 on the last page.

Authorized by (Signature) _____
 Title _____
 Date _____
 Company _____

* ASAM reserves the right to refuse a
 registration application for exhibiting.



For additional information contact:
 The American Society of Addiction Medicine
 Leslie Straus, ASAM Exhibit Manager
 E-Mail: Lstraus@asam.org