



ASAM  
THE ANNUAL  
CONFERENCE

Innovations in Addiction  
Medicine and Science  
San Diego, CA | April 12-15, 2018

# 2018 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	\$1,450		\$
8' x 20' booth	\$2,900		\$
16' x 20' booth (based on availability)	\$6,200		\$
Tabletop	\$1,050		\$
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

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

**Please complete and return with payment to:**  
American Society of Addiction Medicine  
11400 Rockville Pike, Suite 200  
Rockville, MD 20852

**APPLICATION AUTHORIZATION**

In accordance with the rules and regulations outlined in this contract and governing the exhibit to be held at One Park Boulevard, San Diego, CA, 92101. 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 9th, 2018**, in order to be listed within the conference on-site program. All booths will include: standard drapery, company identification sign, two 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, Development at 301.547.4120 or ivayner@ASAM.org.

