

## TABLETOP EXHIBIT & SUPPORT APPLICATION

### Information

Please type or print clearly

Organization/Company: \_\_\_\_\_  
Primary Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### Exhibit & Support fees

\$ \_\_\_\_\_ Review Course Tabletop Exhibit/\$1,000  
\$ \_\_\_\_\_ State of the Art Course Tabletop Exhibit/\$1,000  
\$ \_\_\_\_\_ Review Course and State of the Art Course Combined/\$1,800 (\$200/Savings)  
\$ \_\_\_\_\_ Additional Exhibit Staff Registration /\$200 per course  
\$ \_\_\_\_\_ Sponsorship Selection (Please Specify Item): \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED: \$** \_\_\_\_\_

### Complimentary Exhibit Tabletop Staff/Per Event

Two (2) Exhibitor – Only Registrations with each tabletop

1. \_\_\_\_\_ (Review Course) 2. \_\_\_\_\_ (Review Course)  
1. \_\_\_\_\_ (State of the Art) 2. \_\_\_\_\_ (State of the Art)

### Supporter and Additional Exhibit Staff/Per Event

Registration: \$200 EACH

1. \_\_\_\_\_ (Review Course) 1. \_\_\_\_\_ (State of the Art)

### Listing for Review Course and/or State of the Art Course website (if different than above):

Organization/Company: \_\_\_\_\_  
Primary Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Payment:

\_\_\_ Visa \_\_\_ AMEX \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Check/Money Order

I hereby authorize the American Society of Addiction Medicine (ASAM) to charge my account for \$ \_\_\_\_\_  
Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Make check or money order payable to ASAM.  
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:

The American Society of Addiction Medicine  
11400 Rockville Pike, Suite 200  
Rockville, MD 20852

**Credit card payments may be faxed to ASAM's office at**  
Questions: Irina Vayner 301.656.3815 or [ivayner@ASAM.org](mailto:ivayner@ASAM.org)

### Contract Authorization

In accordance with the contract rules and regulations outlined in this contract and governing the exhibit and support opportunities to be held at either the Gaylord Texan Resort & Convention Center and the Renaissance Washington DC Downtown Hotel, the undersigned understands and accepts and agrees to the terms and conditions listed within the following ASAM Review Course and the State of the Art Course Exhibitor/Supporter Prospectus Online.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_