



**ASAM STATE OF THE ART COURSE**

**October 6-8, 2016**

**Washington Hilton, Washington, DC**

**TABLETOP EXHIBIT AND SUPPORT APPLICATION**

**Information** (Please type or print clearly)

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

**Exhibit & Support fees**

\$ \_\_\_\_\_ Tabletop Exhibit/\$900  
\$ \_\_\_\_\_ Tabletop Exhibit/Supporter Registration/\$200 each  
\$ \_\_\_\_\_ Sponsorship Selection (Please Specify Item): \_\_\_\_\_

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

**Complimentary Exhibit Tabletop Staff**

Two (2) Exhibitor — Only Registrations with each tabletop

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Supporter and Additional Exhibit Staff**

**Registrations \$200 EACH (non-CME)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Listing for 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: \_\_\_\_\_ Web Site: \_\_\_\_\_

**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  
4601 North Park Avenue  
Upper Arcade, Suite 101  
Chevy Chase, MD 20815

**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 the Washington Hilton, the undersigned understands and accepts and agrees to the term and conditions listed within the following ASAM State of the Art Course Exhibitor/Supporter Prospectus Online.

**Authorized Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Credit card payments may be faxed to ASAM’s office at 301-656-3815.**

Questions: Irina Vayner 301-547-4120 or [ivayner@asam.org](mailto:ivayner@asam.org)