



American Academy of Sleep Medicine

## EXHIBITOR APPLICATION

2017 Intensive Scoring Review Course (9/7/2017)

2017 Board Review Course (9/8-10/2017)

Loews Chicago O'Hare – Rosemont, Illinois

Company Name: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

On-Site Representatives (*limit of 2 company reps*): \_\_\_\_\_

On-Site Representatives Contact Information (Phone & Email): \_\_\_\_\_

**To attend the course sessions, exhibitors must register and pay applicable fees separately.**

Exhibit Booth: Each company is provided with one or two tables, two chairs and one power strip. Additional furnishings are not permitted. **Total Fee \$2,000.00**     One Table-**or**-  Two Tables

\_\_\_ Yes, I would like to exhibit. I understand that this event could be cancelled and a full refund will be provided if there are not enough companies willing to participate.

### **Payment:**

\_\_\_ Check payable to the American Academy of Sleep Medicine (AASM)

\_\_\_ Credit Card (Visa/Master Card/American Express)

Card# : \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Validation Code\*: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

*\*For Visa or MasterCard, the validation code is the last 3 numbers in the signature box. For American Express, the validation code is the 4 numbers above the credit card number*

### **Agreement/Signature**

We agree to abide by the exhibit rules and regulations and any amendments thereto, all of which are indicated in the general exhibiting guidelines, and are part of this application.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Application form must be returned with full payment by August 18, 2017**

Mail **OR** Fax Application Form(s) to: AASM Meeting Department  
2510 N. Frontage Road ♦ Darien, IL 60561 ♦ Phone: (630) 737-9700 ♦ Fax: (630) 737-9789