

Exhibit Space Contract

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2002 Pediatric Academic Societies

Complete and return with required 50% deposit to:

Kathy Cannon, PAS Expositions
3400 Research Forest Dr, Suite B-7
The Woodlands, TX 77381

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

COUNTRY _____

PHONE NUMBER _____

FAX NUMBER _____

CONTACT PERSON _____

TITLE _____

EMAIL ADDRESS _____

Check here if ASPN Exhibitor

Check here if LWPES Exhibitor

Preferred Booth Size _____ x _____

Preferred Booth Location (list Booth # in order of preference)

1st _____ 4th _____

2nd _____ 5th _____

3rd _____ 6th _____

*If booth size is not on floor plan, please call the PAS Exposition Office for assistance.

I do not wish to be near the following companies:

We agree to abide by all rules and regulations governing the exhibition as printed on this Contract, as well as all of the provisions of the official Rules and Regulations as published in the "Invitation to Exhibit" which are also a part of this Contract. We agree to pay booth rental charge in full (less deposit) on or before January 31, 2002. Failure to do so may result in the cancellation of assigned space. Should exhibitor cancel before Feb. 4, 2002, the PAS reserves the right to retain 25% of the contracted booth fee. Should exhibitor cancel after February 4, 2002, the PAS reserves the right to retain 100% of the contracted booth fee unless the booth space is resold, then the PAS will retain 25% of the contracted booth fee.

Signature/Title _____

Date _____

Please print or type - one application per company

Booth Size	Cost	Deposit
10 x 10 Booth	\$ 2,400	\$ 1,200
10 x 20 Booth	\$ 4,800	\$ 2,400
10 x 30 Booth	\$ 7,200	\$ 3,600
20 x 20 Booth	\$ 9,600	\$ 4,800
20 x 30 Booth	\$14,400	\$ 7,200
20 x 40 Booth	\$19,200	\$ 9,600
30 x 50 Booth	\$36,000	\$18,000
Non-Profit Booth	\$ 1,550	\$ 775

Product/Services are targeted to (example: Neonatology, General Practitioner, Nephrologist, Endocrinologist, etc.):

Check here if first time exhibitor with PAS

Check here if Non-Profit exhibitor

FINAL PAYMENT DEADLINE - JANUARY 31, 2002

CREDIT CARD PAYMENT INFORMATION

VISA _____ MC _____ AmEx _____

Credit Card # _____

Exp Date _____

Cardholder Name _____

Signature _____

Authorized Amount \$ _____

Please make checks payable to:
Pediatric Academic Societies

For PAS Program Office Use Only

Date Contract Received _____

Total Booth Cost \$ _____

Amount Received \$ _____

Balance Due \$ _____

PAS Exposition Representative Signature

Assigned Booth # _____