

Complete and return Exhibit Space Contract
with required 50% deposit to:

Brenda Papke, PAS Exposition Manager
3400 Research Forest Drive, 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 to 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 the booth rental charge in full (less deposit) on or before January 30, 2004. Failure to do so may result in the cancellation of assigned space. Should exhibitor cancel before February 1, 2004, the PAS reserves the right to retain 25% of the contracted booth fee. Should exhibitor cancel on or after February 1, 2004, 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	\$ 2,500	\$ 1,250
10 x 20 Booth	\$ 5,000	\$ 2,500
10 x 30 Booth	\$ 7,500	\$ 3,750
20 x 20 Booth	\$ 10,000	\$ 5,000
20 x 30 Booth	\$ 15,000	\$ 7,500
20 x 40 Booth	\$ 20,000	\$ 10,000
30 x 30 Booth	\$ 22,500	\$ 11,250
30 x 50 Booth	\$ 37,500	\$ 18,750
Non-Profit Booth	\$ 1,550	\$ 775

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

Check here if first-time exhibitor at PAS.

Check here if Non-Profit exhibitor
(Certificate MUST be attached – 501(c)3 only).

Final Payment Deadline—JANUARY 30, 2004

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 # _____

