



Exhibit Space Contract

April 29–May 2

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

PAS Program Office—Exhibits
3400 Research Forest Drive, Ste B-7
The Woodlands, TX 77381

Please print or type – one application per company

Company Name _____

Address _____

City, State, ZIP _____

Country _____

Phone Number _____

Fax Number _____

Contact Person _____

Title _____

Email Address _____

- Check here if first-time exhibitor at PAS
- Check here if ASPHO Exhibitor
- Check here if ASPN Exhibitor
- Check here if LWPES Exhibitor

Preferred Booth Size _____ × _____

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

1st _____ 2nd _____ 3rd _____

4th _____ 5th _____ 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 February 6, 2006. Failure to do so may result in the cancellation of assigned space. Should exhibitor cancel before February 13, 2006, the PAS reserves the right to retain 25% of the contracted booth fee. Should exhibitor cancel on or after February 13, 2006, 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 _____

Booth Size	Cost	Deposit
10 x 10 Booth	\$ 2,600	\$ 1,300
10 x 20 Booth	\$ 5,200	\$ 2,600
10 x 30 Booth	\$ 7,800	\$ 3,900
20 x 20 Booth	\$ 10,400	\$ 5,200
20 x 30 Booth	\$ 15,600	\$ 7,800
20 x 40 Booth	\$ 20,800	\$ 10,400
30 x 30 Booth	\$ 23,400	\$ 11,700
30 x 50 Booth	\$ 39,000	\$ 19,000
Non-Profit Booth (10x10)	\$ 1,600	\$ 800

Product/Services are targeted to (check all that apply):

- Adolescent Medicine
- Allergy, Immunology and Rheumatology
- Cardiology
- Critical Care
- Developmental Biology
- Developmental–Behavioral Pediatrics
- Dysmorphology & Teratology
- Emergency Medicine
- Endocrinology & Diabetes
- Epidemiology
- Gastroenterology
- General Pediatrics and Preventive Pediatrics
- Genetics/Inborn Errors of Metabolism
- Hematology
- Infectious Diseases
- Medical Education
- Neonatal Epidemiology and Follow Up
- Neonatal Fetal Nutrition & Metabolism
- Neonatal Infectious Diseases
- Neonatal Neurology
- Neonatal Pulmonology
- Neonatology - General
- Nephrology
- Neurology
- Oncology
- Pulmonology

Final Payment Deadline—FEBRUARY 6, 2006

Credit Card Payment Information

VISA _____ MC _____ AmEx _____

Credit Card # _____

Exp. Date _____

Cardholder Name _____

Signature _____

Authorized Amount \$ _____

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

**Please make checks payable to:
Pediatric Academic Societies**

For PAS Program Office Use Only

Date Contract Received _____

Total Booth Cost \$ _____

Amount Received \$ _____

Balance Due \$ _____

Assigned Booth # _____