



# Exhibit Space Contract

**May 5-8**

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 the provisions of the official Rules and Regulations published in the "Invitation to Exhibit," which are incorporated by reference herein. We agree to pay the booth rental charge in full on or before **February 12, 2007**. Failure to do so may result in the cancellation of assigned space. Should exhibitor cancel before **February 12, 2007**, the PAS reserves the right to retain 25% of the contracted booth fee. Should exhibitor cancel **on or after February 12, 2007**, 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 \_\_\_\_\_

## Exhibit Space Rental Rates (listed in U.S. Dollars)

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

Which is the most important (rank 1 to 3, "1" being the most important, "3" being the least)?

- \_\_\_\_\_ Having a corner booth
- \_\_\_\_\_ Being situated away from companies requested
- \_\_\_\_\_ Location of booth

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 12, 2007**

### 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 Use Only

Date Contract Received \_\_\_\_\_  
Total Booth Cost \$ \_\_\_\_\_  
Amount Received \$ \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_  
Assigned Booth # \_\_\_\_\_