



EXHIBIT SPACE CONTRACT

2008 Pediatric Academic Societies

May 3-6, 2008 Honolulu, Hawaii

**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 you are a first-time exhibitor at PAS
- Check here if an ASPN Exhibitor
- Check here if an LWPES Exhibitor
- Check here if an ASPR Exhibitor

Preferred Booth Size* _____ x _____

Preferred Booth Location (list Booth # in preference order)

1st _____ 2nd _____ 3rd _____

4th _____ 5th _____ 6th _____

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

I do not wish to be near the following companies:

We agree to abide by all rules & regulations governing the exhibition as printed on this Contract, as well as to all of the provisions of the official Rules & 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 8, 2008**. Failure to do so may result in the cancellation of assigned space. Should exhibitor cancel before **February 18, 2008**, the PAS reserves the right to retain 25% of the contracted booth fee. Should exhibitor cancel **on or after February 18, 2008**, the PAS reserves the right to retain 100% of 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)
Full payment must accompany contracts sent on or after February 8, 2008

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	\$19,500
Nonprofit Booth	\$ 1,600	\$ 800

Which is the most important (rank 1 to 4, "1" being the most important, "4" being the least)?

- _____ Having a corner booth
- _____ Being situated away from companies requested
- _____ Location of booth
- _____ Near Alliance (ASPN or LWPES) Resource Center

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

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

Final Payment Deadline – February 8, 2008

Credit Card Payment Information

VISA _____ MC _____ AmEx _____

Credit Card # _____

Exp. Date _____

Customer Identification No. (CID/CVV2) _____
(3 digits on back of MC or VISA; 4 digits on top right front of AMEX)

Cardholder Name _____

Signature _____

Authorized Amount \$ _____

Check here if requesting Nonprofit (NP) Booth*

*Limited to organizations who are 501(c)3 or government agencies. Respective certificates **MUST** be attached in order to receive the NP rate.

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

For PAS Use Only

Date Contract Received	_____
Total Booth Cost	\$ _____
Amount Received	\$ _____
Balance Due	\$ _____
Assigned Booth Number	_____