



Exhibit Space Contract

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

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 "2009 PAS Rules & Regulations" which are incorporated by reference herein. We agree to pay the booth rental charge in full on or before February 6, 2009. Failure to do so may result in the cancellation of assigned space. Should exhibitor cancel before February 17, 2009, the PAS reserves the right to retain 25% of the contracted booth fee. Should exhibitor cancel on or after February 17, 2009, 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 6, 2009

Booth	Cost	Deposit
10 x 10	\$ 2,800	\$ 1,400
10 x 20	\$ 5,600	\$ 2,800
10 x 30	\$ 8,400	\$ 4,200
20 x 20	\$11,200	\$ 5,600
20 x 30	\$16,800	\$ 8,400
20 x 40	\$22,400	\$11,200
30 x 30	\$25,200	\$12,600
30 x 40	\$33,600	\$16,800
30 x 50	\$42,000	\$21,000
Nonprofit	\$ 1,700	\$ 850

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
- Epidemiology
- Gastroenterology
- General Pediatrics
- Genetics
- Hematology/Oncology
- Infectious Diseases
- Medical Education
- Neonatology
- Nephrology
- Neurology
- Pulmonology

Final Payment Deadline – February 6, 2009

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 _____

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