

# FORMS

VANCOUVER  
 PAS 2010

# 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 "2010 PAS Rules & Regulations" which are incorporated by reference herein. We agree to pay the booth rental charge in full on or before February 5, 2010. Failure to do so may result in the cancellation of assigned space. Should exhibitor cancel before February 15, 2010, 25% of the total booth rental fee will be retained by the PAS. Should the exhibitor cancel on or after February 15, 2010, 100% of the total booth rental will be retained by the PAS. If the exposition is sold out, 25% will be retained by PAS.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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

Full payment must accompany contracts sent on or after February 5, 2010

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 5, 2010

#### Credit Card Payment Information

- VISA
- MC
- AmEx

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Customer Identification No. (CID/CWV2) \_\_\_\_\_  
 (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	_____

# EXHIBITOR RAFFLE APPROVAL FORM



Please complete and return to:

**Marge Gates**, PAS Exposition Coordinator, PAS Exposition Office  
141 Northwest Point Blvd., Elk Grove Village, IL 60007; or fax to: 847-228-5059

**DEADLINE – MARCH 8, 2010**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country (if outside the U.S.) \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Raffle Rules and Regulations

1. Exhibitor Raffle must be restricted to the confinement of the exhibitor's booth and not in exhibit hall aisles or in any part of the Convention Center.
2. Prizes are not to be awarded to winners on-site but are to be shipped to them after the meeting. A sample of each prize can be available for viewing in the exhibitor's booth during exhibit hours.
3. No public announcements for the Exhibitor Raffle are allowed.

### DETAILS OF RAFFLE

On-site Contact Person: \_\_\_\_\_

Date(s) of Raffle: \_\_\_\_\_

### Prizes to be Awarded and Dates to be Drawn:

Prize: \_\_\_\_\_ Date to be Drawn: \_\_\_\_\_

Prize: \_\_\_\_\_ Date to be Drawn: \_\_\_\_\_

Prize: \_\_\_\_\_ Date to be Drawn: \_\_\_\_\_

Describe how Raffle will be Marketed to Attendees: \_\_\_\_\_

\_\_\_\_\_

Describe how Attendees will be Informed of Winnings: \_\_\_\_\_

\_\_\_\_\_

# EXHIBITOR GIVE-AWAY APPROVAL



Please complete the following form and submit with a sample of your give-away to the PAS Exposition Office for approval. All exhibitor give-aways must receive prior approval. Failure to do so will prevent the distribution in the exhibit hall. If you do not have the actual sample, please provide a photo of the item you intend to give away. Approval of this form will be emailed back to your company with approval or non-approval.

**DEADLINE – MARCH 8, 2010**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country (if outside the U.S.) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Submitted by \_\_\_\_\_ Email \_\_\_\_\_

Item(s) for Give-Away \_\_\_\_\_

\_\_\_\_\_

*Please mail completed form along with a sample or photo of the actual give-away item by March 8 to:*

**Marge Gates**  
PAS Exposition Coordinator  
PAS Exposition Office  
141 Northwest Point Blvd.  
Elk Grove Village, IL 60007

If you have any questions, please contact Marge Gates at 847-434-4321.

<b>PAS Official Use Only</b>
<input type="checkbox"/> Approved as submitted.
<input type="checkbox"/> Approved with the following stipulations: _____ _____
<input type="checkbox"/> Denied for the following reasons: _____ _____
PAS Exposition Representative Signature: _____

# PRE-SHOW ATTENDEE REGISTRANT LIST



Pre-show mailings increase booth traffic and exposure of your company's products and services. Excel files for the PAS pre-registrants are made available to contracted exhibitors at no cost. Please complete this Pre-show Attendee Registrant List request form and return to the PAS Exposition Office by March 8, 2010, if you wish to receive the list in time for your mailing.

Lists will be sent out in an electronic format (Microsoft™ Excel Spreadsheet) the week of April 5. PAS requires that your promotional piece be approved before registrant lists are mailed. Please send promotional proofs to the PAS Exposition Office together with your completed Pre-show Attendee Registrant List form.

**DEADLINE – MARCH 8, 2010**

*Please complete (type or print legibly):*

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country (if outside the U.S.) \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact information to be provided in the Pre-show Attendee Registrant List will include the registrant's full name, mailing address and subspecialty (area of interest). The registrant list will NOT be sent without prior approval of promotional pieces. The Registrant List Excel files will not be available for purchase at any time. Excel files must be used by April 20, 2010.

*Please complete and return to:*

**Marge Gates**  
PAS Exposition Coordinator  
PAS Exposition Office  
141 Northwest Point Blvd.  
Elk Grove Village, IL 60007