



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

PAS Program Office – Exhibits
3400 Research Forest Drive, Suite B-7
The Woodlands, TX 77381
To send by fax: 281-419-0082

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 PES Exhibitor (formerly LWPES)
- 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 floor plan, 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 "2011 PAS Rules & Regulations" which are incorporated by reference herein. We agree to pay the booth rental charge in full on or before February 4, 2011. Failure to do so may result in the cancellation of assigned space. Should exhibitor cancel before February 14, 2011, 25% of the total booth rental fee will be retained by the PAS. Should the exhibitor cancel on or after February 14, 2011, 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 4, 2011

Booth	Cost	Deposit
10 x 10	\$ 3,000	\$ 1,500
10 x 20	\$ 6,000	\$ 3,000
10 x 30	\$ 9,000	\$ 4,500
20 x 20	\$12,000	\$ 6,000
20 x 30	\$18,000	\$ 9,000
20 x 40	\$24,000	\$12,000
30 x 30	\$27,000	\$13,500
30 x 40	\$36,000	\$18,000
30 x 50	\$45,000	\$22,500
Nonprofit	\$ 1,800	\$ 900

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):

- | | |
|---|--|
| <input type="checkbox"/> Adolescent Medicine | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> Allergy, Immunology and Rheumatology | <input type="checkbox"/> General Pediatrics |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Hematology/Oncology |
| <input type="checkbox"/> Developmental Biology | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Developmental-Behavioral Pediatrics | <input type="checkbox"/> Medical Education |
| <input type="checkbox"/> Dysmorphology & Teratology | <input type="checkbox"/> Neonatology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Pulmonology |

Final Payment Deadline – February 4, 2011

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	_____