



Exhibit Space Application and Contract

Deadline for Priority Assignment: September 30, 2011

Exhibit applications submitted online will be processed in real-time. Visit annualmeeting.aaaai.org.

1. Organization/Contact Information:

Organization _____

Contact Person _____ Title _____

Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

E-mail: Please be sure to provide an e-mail address, as all exhibitor information will be sent via e-mail.

2. Exhibit Booth Space: *If you are applying for complimentary exhibit space, please check the Educational/Non-profit Organization check box and proceed to Section 3.*

Exhibitor Type: Technical/For-profit Organization Educational/Non-profit Organization

Booth Type: Inline - \$35 per sq ft
 Corner - \$38 per sq ft
 Island - \$42 per sq ft (20 ft x 20 ft minimum)
 Island wider than 20 ft - \$45 per sq ft (30 ft x 30 ft, 30 ft x 40 ft, 40 ft x 40 ft, etc.)

Size of Space Requested: _____ x _____ = _____ Total Square Feet of Space Requested
(Must be in 10 ft increments)

Cost of Space Requested Per Square Foot: \$ _____

Total Booth Rental Fee: \$ _____

If possible, please do not locate us near the following companies: _____

Please note, completing this section may limit your ability to obtain the best available space.

3. Exhibit Directory Information: *All information listed below will appear in the Final Program Exhibit Directory. Information will be printed exactly as it appears below. All information must be completed at the time of application.*

Organization _____

Address _____

City _____ State _____

Zip/Postal Code _____

Phone _____

Website _____

Exhibit Space Application and Contract

Product/Service Description: Please write a brief description, 50 words or less. The AAAAI reserves the right to edit all copy submitted.

Product/Service Listing: Please choose one category that applies to your organization.

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergenic Extracts | <input type="checkbox"/> Equipment/Supplies | <input type="checkbox"/> Physician Education |
| <input type="checkbox"/> Clinical Research Organization | <input type="checkbox"/> Health/Body Care | <input type="checkbox"/> Physician Recruitment |
| <input type="checkbox"/> Computer Hardware/Software | <input type="checkbox"/> Immunotherapy | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Diagnostic Equipment | <input type="checkbox"/> Office Management | <input type="checkbox"/> Spirometry |
| <input type="checkbox"/> Diagnostic Testing | <input type="checkbox"/> Patient/Public Education | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Environmental Products | <input type="checkbox"/> Pharmaceuticals | |

4. Signature of Agreement: This is your contract. Please retain a copy for your records.

You are hereby authorized to reserve space for the organization listed above in the exhibition of the 2012 AAAAI Annual Meeting to be held March 2-6, 2012, at the Orange County Convention Center in Orlando, FL. We understand that the assigned space will be rented at the rate quoted in the Prospectus. We understand further that all space must be paid for in full on or before December 16, 2011. If assigned space is not paid for in full by the specified date, it may be reassigned to another exhibitor without notification, at the discretion of the AAAAI. The last day to receive a partial refund for cancelled exhibit space is January 11, 2012. The exhibiting company agrees to abide by all rules and regulations governing exhibits set forth in the Prospectus, which is made part of this contract by reference and fully incorporated herein.

Hold Harmless Clause: The exhibiting organization assumes the entire responsibility and hereby agrees to protect, indemnify, defend and save the American Academy of Allergy, Asthma & Immunology, the Orange County Convention Center, Freeman and their employees and agents harmless against all claims, losses and damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or part thereof, excluding any such liability caused by the sole negligence of the Orange County Convention Center, its employees and agents.

In addition, the exhibitor acknowledges that the American Academy of Allergy, Asthma & Immunology, Orange County Convention Center and Freeman do not maintain insurance covering the exhibitor's property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor.

Authorized Signature: _____ Date: _____

Print Name: _____

5. Payment Information: Applications submitted on or before September 30, 2011 require a 50% deposit of the total booth rental fee; applications submitted after September 30 require full payment of the total booth rental fee.

Total Booth Rental Fee: \$ _____

Deposit Enclosed: \$ _____

Balance Due by December 16, 2011: \$ _____

Check - Make checks payable to *American Academy of Allergy, Asthma & Immunology*
 American Express Discover MasterCard VISA Amount to Charge: \$ _____

Card Number _____ Expiration Date _____

Card Holder Name _____

Billing Address _____ Zip/Postal Code _____

Card Holder Signature _____

Please return this application with the required payment to:

American Academy of Allergy, Asthma & Immunology (AAAAI)

Attn: Meetings Team

555 East Wells Street, Suite 1100 • Milwaukee, WI 53202-3823

Phone: (414) 272-6071 • Fax: (414) 272-6070

E-mail: annualmeeting@aaaai.org

