

For Office Use

Date Received _____ Full Payment Received _____ Booth(s) Assigned _____



Pre-Register for 2009!

American Association of Equine Practitioners Application and Contract for Exhibit Space

December 6 – 9, 2009 • Mandalay Bay • Las Vegas, Nevada

Please reserve _____ booth(s) at the 2009 AAEP Convention.

I wish to reserve:

_____ 10' x 10' Inline booth(s) at \$1,800 each _____ 10' x 10' Corner booth(s) at \$2,075 each

Company and Contact Information

The following information will go on the website and in the on-site program (PLEASE PRINT CLEARLY)

Full Company Name (exactly as it should appear in all promotional materials): _____

Mailing Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Website Address: _____

Exhibit Contact (Information will not be printed. For show management correspondence only.)

Name: _____ E-mail: _____

Phone: _____ Cell: _____ Fax: _____

The Exhibit contact for your firm will receive updates, requests for information, booth assignments, etc. Please complete the requested contact information accordingly.

We request that our space NOT be in the immediate proximity of the following companies, if exhibiting: _____

Number of booths: _____ Unit Price: _____ Total: \$ _____

Less Deposit (\$250 per booth) \$ _____

Balance Due \$ _____

Payment Information

Check Visa MasterCard Invoice Required

Please make check payable to: AAEP

Card Number: _____ Exp. Date: _____

Authorized Signature: _____

Product/Service Category: (check only one that best fits your company)

- Pharmaceutical
- Compounding Pharmacy
- Mobile/Portable veterinary units
- Computer hardware/software
- Non-profit organization
- Clothing
- Nutritional Feeds/Supplements
- Dental
- Publications
- Magnetic Therapy/Lasers
- X-ray equipment
- Endoscopes
- Reproductive
- Hoofcare
- Surgical equipment/instruments
- General Equine Care
- Ultrasound equipment
- Insurance/Financial/Leasing
- Laboratory or Diagnostic Services/Equipment
- Other

Submission of this application or the authorized signature below indicates that we have read, understand and agree to abide by all the rules, regulations and restrictions outlined in this application and contained within the exhibitor prospectus. The terms are made part of this application by reference and are fully incorporated herein. We also understand that this application will become a contract when signed by us and accepted by exhibit management.

Signature of Company Representative: _____ Date: _____

Return application & payment in enclosed envelope and mail to:

Debbie Miles at AAEP • 4075 Iron Works Parkway • Lexington, KY 40511 • or fax to (859) 233-1968