

For Office Use

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

**Pre-Register for 2012!****American Association of Equine Practitioners Application and Contract for Exhibit Space**

December 2 - 4, 2012 • Anaheim Convention Center • Anaheim, California

Please reserve _____ booth(s) at the 2012 AAEP Convention.

I wish to reserve:

_____ 10' x 10' Inline booth(s) at \$1,950 each

_____ 10' x 10' Corner booth(s) at \$2,225 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: _____

Mailing Address: _____

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

Phone: _____ Fax: _____ E-mail: _____

Web site 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 due at the time of application submission) \$ _____

Balance Due by May 7, 2012 \$ _____

Payment Information Check Visa MasterCard Amex Invoice Required*Please make check payable to: AAEP*

Card Number: _____ Exp. Date: _____

Authorized Signature: _____

Payments can also be made online at www.aaep.org/booth_payment.php.**Product/Service Category: (check only one that best fits your company)**

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

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