Annual Assembly of Hospice and Palliative Care  
Presented by the American Academy of Hospice and Palliative Medicine  
and the Hospice and Palliative Nurses Association

Exhibit Dates: March 18-20, 2020  
San Diego Convention Center • San Diego, CA

Visit aahpm.org/commercial-support/exhibits-advertising to find this form online.

The early-bird deadline is September 27, 2019.
We understand that space will be rented at the following rates:

<table>
<thead>
<tr>
<th>Product Categories</th>
<th>Early-Bird Rate</th>
<th>Regular Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10' x 10' (100 sq ft)</td>
<td>$2,050</td>
</tr>
<tr>
<td></td>
<td>10' x 20' (200 sq ft)</td>
<td>$3,850</td>
</tr>
<tr>
<td></td>
<td>20' x 20' (400 sq ft)</td>
<td>$7,775</td>
</tr>
<tr>
<td></td>
<td>10' x 10' (100 sq ft) Nonprofit</td>
<td>$1,300</td>
</tr>
<tr>
<td></td>
<td>Job Fair Booth</td>
<td>$550</td>
</tr>
<tr>
<td></td>
<td>Corner Booth</td>
<td>Additional $250</td>
</tr>
<tr>
<td>Bronze Package</td>
<td>$5,000</td>
<td></td>
</tr>
</tbody>
</table>

Include: 10' x 10' corner tent, furniture package, Bronze Sponsor Package

Please note: furniture is NOT included in any of the above exhibitor packages outside of the bronze package.

All exhibitors must order furniture through the decorator separately.

We understand that space must be paid for in full by January 17, 2020. Assigned space is not paid for in full by the specified date, it may be reassigned to another exhibitor at the option of the American Academy of Hospice and Palliative Medicine.

We agree to abide by the terms and conditions printed on the reverse side, which are made part of this contract. This is not a binding contract until signed by the AAHPM sales representative on behalf of the American Academy of Hospice and Palliative Medicine.

Size __________ Rate __________

1st choice __________ 2nd choice __________

3rd choice __________ 4th choice __________

List companies that you would prefer to not be near.

(Please print or type.)

Product Categories (Please check all that apply.)

☐ Association  ☐ Consulting services  
☐ Educational materials  ☐ Equipment/Device  
☐ Facility/Health System  ☐ Pharmaceutical  
☐ Publications  ☐ Recruitment  
☐ Software  ☐ Support services  
☐ Wound care  ☐ Other  

Official Program Information  
Describe in 50 words or fewer the products or services to be exhibited exactly as you want the information to appear on the official Assembly mobile app. This information must be submitted to AAHPM with this application. Please e-mail description to awhitley@aahpm.org.

FOR AAHPM USE ONLY (HC)
Booth number(s) assigned __________
Total cost $________
Amount paid $________
Accepted: AAHPM, by __________

Company Information
This representative will be contacted for Assembly details and for future related mailings. Please print or type.

Firm name __________
(Exactly as you wish it to appear on Assembly mobile app and exhibit sign.)

Street address __________
City, state, ZIP __________

Phone ( )
Fax ( )
E-mail __________
Website __________

Name ____________ (first) ____________ (last)
Title ____________

READ BEFORE SIGNING: Exhibitor’s signature on this contract indicates acceptance of the terms and conditions provided with this contract and is an agreement to pay the total amount due. The person signing this contract on behalf of the exhibitor has the authority to do so and is responsible for employees’ adherence to the terms and conditions.

Signature ____________

Billing Information
This contract will be addressed to the signer (or designee indicated below, if different from above). Please complete this section or note “Same” if the same as above.

Name ____________ (first) ____________ (last)
Title ____________

Firm name ____________
Address ____________ (if different from above)
City, state, ZIP ____________

Phone ( ) ______ Fax ( ) ______
E-mail ____________

Please complete all three steps.
1. Fax to 888.374.7259.
2. Make a copy of this form for your records.
3. Return the original, with a 50% deposit* per booth, to: AAHPM PO Box 3781 Oak Brook, IL 60522

*Make checks payable to AAHPM. Balance is due by January 17, 2020. After January 17, 2020, 100% of the cost is due.

Contact Allison Whitley at 847.375.3673 or awhitley@aahpm.org with any questions.

Payment Information
cc# ____________ exp ____________ $________
Check # ____________ $________
Date of check or processing ____________
Check # ____________ $________
Date of check or processing ____________
Terms and Conditions

1. Application and Eligibility. Application for exhibit space must be made on the printed form by AAHPM through the Academy. The Academy shall have discretion to allow or deny applications as it deems necessary and advisable, and to be executed by an individual who has authority to act for the applicant. This exhibition is designed for the display and demonstration of products and services relating to the practice and advancement of the specialty field of hospice and palliative care.

2. Payment Dates. Payment of deposits, balance due, and exhibiting space fees shall be made by bank draft or check payable to the Academy in U.S. currency. Each exhibitor who registered in advance will have a printed exhibitor badge available at the exhibitor registration area at the Academy’s discretion, will unreasonably endanger the person or property of the attendees or of the exhibitors, are in bad taste, are liable to advertising contrary to the aims and purposes. Points earned (if applicable) depend on the scope of the exhibit, the number of people involved, and the quality of the exhibit. Each exhibitor who registered in advance will have a printed exhibitor badge available at the exhibitor registration area at the Academy’s discretion, will unreasonably endanger the person or property of the attendees or of the exhibitors, are in bad taste, are liable to advertising contrary to the aims and purposes. 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