# APPLICATION AND CONTRACT FOR EXHIBIT SPACE

• Return fully completed application/contract by April 12, 2024, for the point system to apply. A signature is required to complete the contract. Booth requests made after April 12 will be assigned on a first-come, first-served basis or waitlisted if necessary. A signed application/contract will be required for booth assignment. Exhibitors who have a booth space at the AAOMS Annual Meeting must have their booth space paid in full by April 12, 2024, in order to select their booth space for the Dental Implant Conference.

## • Payment Schedule

Booths selected by mid-May 2024:

- A \$3,824 non-refundable deposit or full payment will be required for booth assignment. Exhibitor will be invoiced for any balance due.
- Full payment is due immediately upon receipt of invoice.

  Booths selected after May 24, 2024:
- A \$3,824 non-refundable deposit or full payment will be required for booth assignment. Exhibitor will be invoiced for any balance due.
- Payment of balance is due immediately upon receipt of invoice.

AAOMS accepts American Express, Discover, MasterCard and Visa as well as company checks in U.S. dollars.

## Cancellations and Refunds

- All cancellations must be made in writing.
- A full refund, minus the non-refundable deposit, will be made for space canceled before Aug. 12, 2024.
- No refunds will be given for space canceled after Aug. 12, 2024.
- A \$3,824 non-refundable deposit or full payment will be required for booth assignment. Exhibitor will be invoiced for any balance due.

Booths selected by mid-May 2024:

- Booth space will be released if not paid in full by Aug. 12, 2024. Booths selected after May 24, 2024:
- Booth space will be released if not paid in full within 30 days of invoicing.

## Acceptance and Regulations

The acceptance of this application shall be at the sole discretion of AAOMS and, upon acceptance, becomes a contract. By completing and signing this

application, the undersigned agrees to comply with, and be subject to, the terms and conditions contained in the Exhibitor Prospectus, including but not limited to the Exhibition Regulations. AAOMS reserves the right to refuse or deny exhibit space at the 2024 AAOMS Dental Implant Conference to prospective exhibitors.

## Space Selection

Space selection will be held in mid-May 2024.\* See page 4 of the prospectus. Full payment is due upon receipt of invoice, following booth assignment. \*Dates subject to change.

## Liability Insurance

Due to exhibitor requests, AAOMS is now including compliant liability insurance with the booth fee. This insurance will meet AAOMS requirements. Exhibitors will no longer need to go through the work and cost of obtaining and submitting their own compliant insurance. AAOMS wants to make exhibiting with the Association is as convenient as possible.

☐ Check here if you ar	re a new exhibiting company.		C) Booth Fee Calculator			
A) Company Informati			8'x10' with mandatory Virtual Exh	nibit Hall fee		
Please type or print clearly. (Note:	Name and address of company will be publish	hed <b>EXACTLY</b> as indicated below. Please d	do not abbreviate.)	and liability insurance		= \$4,044
				Additional booth(s) @ \$3	3,824 each	= \$
Company				1 Corner @ \$300		= \$
Corporate Headquarters Street Addre	roce	Suite #	# / P.O. Box	2 Corners @ \$600		= \$
corporate ricauquarters succession.	555	Juice ,	/ F.O. DOX	4 Corners @ \$1,200		= \$
City	State	ZIP Code Country	у	Booth total		= \$
				☐ Corner Optional ☐ Mandat	tory Corner	d
Telephone  Email Address for Attendee Inquiries  Virtual Exhibit Hall, online meeting pl		Website		Booth Preference Note: The exhibit configuration m not available, space may be assign Enter booth numbers from the floor	ned by the AAOMS Exhibi	
B) Exhibitor Contact Ir				1st Choice	3rd Choice	5th Choice
Information listed below is for AAU	OMS use only and will not be published. Send	all exhibition information to (specify con	ntact):	2nd Choice	4th Choice	6th Choice
Contact Name		Please note the companies that yo to or immediately opposite in the		ted immediately adjacent		
Title				What are your company's main ob	ojectives for participating	in this exhibition?
Contact Phone	Ext.	Contact Cell				
Email Address (Exhibitor bulletins and receive show-related information.)	nd important updates may be sent via email. NOTE	E: If you choose to unsubscribe from AAOMS +	emails, you will not	E) Payment Schedule Please refer to the top of this ap		equired payment schedu
Contact Name (please print or type)			AAOMS accepts American Express, Discover, MasterCard and Visa as well as company checks in U.S. dollars.			
Contact Signature						
F) Product Category I (number 1 indicating primary product	Index: Please provide a product categories list act category):	as it should appear in the Dental Implant Con	nference Final Program and the Virt	tual Exhibit Hall. Number your product cate	gories 1 through 5 in order	of priority
Clinical	Cosmetics	Lasers & Electrosurgery	Practice Manageme		on Oth	er
Anesthesia, Emergency & Monitoring Equipment	Dental Implant Equipment & Systems	Products Medical Devices & Implants	Art	Systems Office Euroiture & Do	cian	ssociation/Organization
Blood & Tissue Bank	Facial Implant Products	Nutrition	Computer Hardware & Software	Office Supplies		orporate Gifts ecruiting
Cameras & Photography	Grafting Materials	Pharmaceuticals & Drugs	Education & Training	Practice Broker		ecturing
Equipment	Imaging, X-ray & Diagnostics	Surgical Equipment & Supplies	Financial Services	Practice Managemen	nt	
Cleaning & Sterilizing Equipment	Infection Control	TMJ Devices	Market Research & Cons	sulting Precious Metals		
Equipment	Laboratory Services & Supplies	Telescopes & Light Sources	Medical & Dental Publis	shing Web Design		
	noth Size Rooth(s) Assigne	Danasi'	t Received Check/	/Credit Card Ranking Time	./u	



## Mail or email form to:

## Alisa Prachan

Exhibit Sales Staff Associate <u>aprachan@aaoms.org</u> 847-233-4316

or

Dana O'Donnell, CEM

Manager, Exhibits dodonnell@aaoms.org

847-233-4393

American Association of Oral and Maxillofacial Surgeons 9700 W. Bryn Mawr Ave. Rosemont, IL 60018-5701

New AAOMS Exhibitor – Product Information (required): Product information is required. Please list each product or service to be exhibited and check
any columns that apply and/or describe its present status:

**Product** is

**Product has FDA** 

Product	Premarket Approval?		FDA-approved?	an AAOMS Meeting?
If any of these products are operated by please note and explain:	currently in litigation with a government agency o	r are the subje	ct of an unfavorable or cautic	onary report by an agency of the American Dental Association
Will your company be exhibi	iting anything categorized as FDA Class III?	□ Yes	□No	

## **Partnership Opportunities for 2024**

With almost three dozen opportunities available, Partners can easily identify a support option to fit their marketing goals and budget. Some opportunities include:

- Mobile app advertising options
- Charging stations
- Banners
- Hotel key cards
- Badge lanyards

For more information regarding Partnership opportunities opportunities, contact:

Dana O'Donnell, CEM, Manager, Exhibits 847-233-4393 • dodonnell@aaoms.org

# Advertising

- Final Program advertisement
- AAOMS Today member magazine advertisement

Advertising Contact: Bob Heiman RH Media, LLC 11 Gainsboro Drive West Berlin, NJ 08091

856-520-9632 • <u>bob.rhmedia@comcast.net</u> <u>AAOMS.org/media/advertising</u>

# Acceptance

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## **Exhibition Regulations**

The Exhibition Regulations governing exhibitors printed in the Exhibition Regulations document are hereby incorporated by reference and made a part hereof. All exhibitors and their representatives must abide by these regulations. Acceptance of exhibiting firms by AAOMS and assignment of booth space will be coordinated by the AAOMS Exhibition Manager. Verification of acceptance will be sent to the exhibitor. AAOMS will not be held liable for scientific context of descriptions provided by exhibiting firms.

**Previously Exhibited at**