



## APPLICATION AND CONTRACT FOR EXHIBIT SPACE

• Return fully completed application/contract with your deposit by Dec. 22, 2023, for the point system to apply. Booth requests made after Dec. 22 will be assigned on a first-come, first-served basis. A signed application/contract with a \$5,105 non-refundable deposit or full payment will be required for booth assignment. Exhibitor will be invoiced for any balance due. Exhibiting companies that submit applications and contracts after July 5 will not appear in the Final Program. **A signature is required to complete the contract.**

### • Payment Schedule

*Booths selected from Space Draw to June 28, 2024:*

- A \$5,105 non-refundable deposit is due during space assignment appointment, and exhibitor agrees to be liable for the full balance of the booth upon payment of deposit.
- **Full payment is due 30 days from booth assignment. Unpaid booths after 30 days will be canceled.**

*Booths selected from June 29 to Aug. 23, 2024:*

- **Full payment is due immediately upon assignment, and exhibitor agrees to be liable for the full balance of the booth within 30 days upon payment of deposit.**

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 will be made for space canceled before May 31, 2024, minus the non-refundable deposit.
- A 50 percent refund, minus the non-refundable deposit, will be provided if space is canceled on or before June 28, 2024. No refunds will be permitted for space canceled after June 29, 2024.
- Booth space will be released if not paid in full within 30 days of invoicing.

### • Compliant liability insurance

Due to exhibitor requests, AAOMS is now including compliant liability insurance with your booth fee. This insurance will meet AAOMS requirements. You will no longer need to go through the hassles and costs of obtaining and submitting your own compliant insurance. AAOMS wants to make exhibiting with the Association as easy as possible.

**Check here if you are a new exhibiting company.**

### A) Company Information

Please type or print clearly. (Note: Name and address of company will be published *EXACTLY* as indicated below. Please do not abbreviate.)

Company \_\_\_\_\_

Corporate Headquarters Street Address \_\_\_\_\_ Suite # / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address for Attendee Inquiries \_\_\_\_\_ Website \_\_\_\_\_  
(Publicly shown on the Virtual Exhibit Hall and Final Program)

### Exhibitor Contact Information

Information listed below is for AAOMS use only and will not be published. Send all exhibition information to (specify contact):

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Contact Cell \_\_\_\_\_

Email Address (Exhibitor bulletins and important updates may be sent via email. NOTE: If you choose to unsubscribe from AAOMS emails, you will not receive show-related information.) \_\_\_\_\_

Contact Name (please print or type) \_\_\_\_\_

Contact Signature **Required** \_\_\_\_\_

### B) In-person Booth Fee Calculator

10'x10' with mandatory Virtual Exhibit Hall fee (Virtual booth and certificate of insurance included) = \$5,350  
 \_\_\_\_\_ Additional booth(s) @ \$5,105 each = \$ \_\_\_\_\_  
 1 Corner @ \$300 = \$ \_\_\_\_\_  
 2 Corners @ \$600 = \$ \_\_\_\_\_  
 4 Corners @ \$1,200 = \$ \_\_\_\_\_  
 Booth total = \$ \_\_\_\_\_

Corner Optional  Mandatory Corner  Preferred

### C) Booth Preference

Note: The exhibit configuration must comply with IAEE regulations. Enter booth numbers from the **floorplan**.

\_\_\_\_\_ 1st Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_ 5th Choice  
 \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 4th Choice \_\_\_\_\_ 6th Choice

Please note the companies that you do not wish to be located immediately adjacent to or immediately opposite in the Exhibit Hall.

What are your company's main objectives for participating in this exhibition?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### D) Payment Schedule

Please refer to the top of this application to view the required payment schedule. AAOMS accepts American Express, Discover, MasterCard and Visa as well as company checks in U.S. dollars.

**Product Category Index:** Please provide a product categories list as it should appear in the Annual Meeting Final Program and the Virtual Exhibit Hall. Number your product categories 1 through 5 in order of priority (number 1 indicating primary product category):

- |  |  |                                      |                                  |                                  |                              |
|--|--|--------------------------------------|----------------------------------|----------------------------------|------------------------------|
| <b>Clinical</b>                                  | ___ Cosmetics                          | ___ Lasers & Electrosurgery Products | <b>Practice Management</b>       | ___ Office Communication Systems | <b>Other</b>                 |
| ___ Anesthesia, Emergency & Monitoring Equipment | ___ Dental Implant Equipment & Systems | ___ Medical Devices and Implants     | ___ Computer Hardware & Software | ___ Office Furniture & Design    | ___ Association/Organization |
| ___ Blood & Tissue Bank                          | ___ Facial Implant Products            | ___ Nutrition                        | ___ Education & Training         | ___ Office Supplies              | ___ Corporate Gifts          |
| ___ Cameras/Photography Equipment                | ___ Grafting Materials                 | ___ Pharmaceuticals/Drugs            | ___ Financial Services           | ___ Practice Broker              | ___ Recruiting               |
| ___ Cleaning & Sterilizing Equipment             | ___ Imaging, X-ray & Diagnostics       | ___ Surgical Equipment & Supplies    | ___ Market Research & Consulting | ___ Practice Management          |                              |
|  | ___ Infection Control                  | ___ TMJ Devices                      | ___ Medical & Dental Publishing  | ___ Precious Metals              |                              |
|  | ___ Laboratory Services & Supplies     | ___ Telescopes & Light Sources       |                                  | ___ Web Design                   |                              |

x					
Date	Booth Size	Booth(s) Assigned	Deposit Received	Check/Credit Card	Ranking Time/#

(For AAOMS use ONLY)

Accepted by the American Association of Oral and Maxillofacial Surgeons.



**Send form to:**  
 AAOMS Exhibits Team  
 AAOMS  
 9700 W. Bryn Mawr Ave.  
 Rosemont, IL 60018-5701  
[exhibitor@aaoms.org](mailto:exhibitor@aaoms.org)  
 Phone: 847-233-4316

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

Product	Product has FDA Premarket Approval?	Product is FDA-approved?	Previously exhibited at an AAOMS Meeting?

If any of these products are currently in litigation with a government agency or are the subject of an unfavorable or cautionary report by an agency of the American Dental Association, please note here and explain:

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Will your company be exhibiting anything categorized as FDA Class III?  Yes  No  
 If yes, please explain:

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**With almost three dozen opportunities available, corporate supporters 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 Corporate Support opportunities, contact:  
 Dana O'Donnell, CEM  
 847-233-4393 • [dodonnell@aaoms.org](mailto: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  
 856-673-4000 • [bob.rhmedia@comcast.net](mailto:bob.rhmedia@comcast.net)  
[AAOMS.org/media/advertising](http://AAOMS.org/media/advertising)

**FCC Compliance**

For AAOMS to be in compliance with pending FCC regulations, please sign below to allow AAOMS to keep you informed of the latest changes, products and services available. Signing this form will allow AAOMS and its official contracted service suppliers to contact you with important information about the Association and conference services.

AAOMS must have your signature on file. AAOMS never sells or shares exhibitors' phone or email information to outside parties.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Acceptance**

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 as well as the Exhibitor Regulations. AAOMS reserves the right to refuse or deny exhibit space at the 106th AAOMS Annual Meeting, Scientific Sessions and Exhibition to prospective exhibitors.

**Exhibition Regulations**

The Exhibition Regulations governing exhibitors as printed in the Exhibition Regulations document are part of the contract. 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.