



APPLICATION AND CONTRACT FOR EXHIBIT SPACE

Return fully completed application/contract by April 30, 2025, for the point system to apply. **A signature is required to complete the contract.** Booth requests made after April 30 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 30, 2025, in order to select their booth space for the Dental Implant Conference.

Payment Schedule

Booths selected by late-May 2025:

- A \$3,936 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 June 6, 2025:

- A \$3,936 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. 8, 2025.
- No refunds will be given for space canceled after Aug. 8, 2025.
- A \$3,936 non-refundable deposit or full payment will be required for booth assignment. Exhibitor will be invoiced for any balance due.

Booths selected by late-May 2025:

- Booth space will be released if not paid in full by Aug. 8, 2025.

Booths selected after June 6, 2025:

- 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 2025 AAOMS Dental Implant Conference to prospective exhibitors.

Space Selection

Space selection will be held in late-May 2025.* 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 as convenient 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 (publicly shown in the Virtual Exhibit Hall, online meeting platform and Final Program) _____ Website _____

B) 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 _____

C) Booth Fee Calculator

8'x10' with mandatory Virtual Exhibit Hall fee and liability insurance = \$4,156
 _____ Additional booth(s) @ \$3,936 each = \$ _____
 1 Corner @ \$300 = \$ _____
 2 Corners @ \$600 = \$ _____
 4 Corners @ \$1,200 = \$ _____
Booth total = \$ _____

Corner Optional Mandatory Corner Preferred

Booth Preference

Note: The exhibit configuration must comply with IAEE regulations. (If your choices are not available, space may be assigned by the AAOMS Exhibition Manager.)

Enter booth numbers from the [floor plan](#).

_____ 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?

E) 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.

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

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



Mail or email form to:

Alisa Prachan

Exhibit Sales Staff Associate

aprachan@aaoms.org

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 | 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 and explain:

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

Corporate Support Opportunities for 2025

With different levels of Corporate Support available, supporters can easily identify a support option to fit their marketing goals and budget.

For more information regarding Corporate Support opportunities, contact:

Dana O'Donnell, CEM

Manager, Exhibits

847-233-4393 • dodonnell@aaoms.org

AAOMS.org/CorporateSupport

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 • bob_rhmedia@comcast.net

AAOMS.org/Advertisers

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.