

# APPLICATION FOR EXHIBIT SPACE

## ACP 25<sup>th</sup> ANNUAL CONGRESS

November 3-6, 2011  
 J.W. Marriott L.A. LIVE (Los Angeles, California)



PLEASE MAKE A PHOTOCOPY OF THIS FORM FOR YOUR RECORDS

Applicant Information	
Company	Contact Person
Mailing Address	
City / State / Zip Code	Country
Phone	Email
We wish to exhibit the following products / services	Please do not locate me near the following company(s)*
Space requested (if you plan on purchasing multiple booths, please list all booth numbers for each choice)	

Support Opportunities
<input type="checkbox"/> Yes. We are interested in supporting the Annual Congress. The ACP may contact the following person to discuss opportunities available to our company.
Contact Name
Contact Phone

Payment Information	
<input type="checkbox"/> Check Enclosed (Please make payable to American College of Phlebology)	
Amount enclosed / to charge \$ _____	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Card Number	
Expiration Date	Security Code
Name On Card	
Signature of Cardholder	
Mailing Address ( <input type="checkbox"/> Check here if same as above)	
City / State / Zip Code	
Country	

FDA
Does your company sell non-FDA approved drugs or devices? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list

EXHIBIT FEES**			
# of Booths		Booth Rate	Total Fees
_____	X	\$3,600 per inside	= \$ _____
_____	X	\$4,000 per corner	= \$ _____

\*Every effort will be made to honor your request, however, this may be difficult due to the limited size of the exhibit area.  
 \*\*A deposit in U.S. funds of 1/3 of the expected total rental fee, or full payment, must be included with this application. Any balance due must be paid by September 2, 2011.  
 Please email a 50-word company or product description to meetings@acpmail.com. It must be received by September 2, 2011 to have this information included in the attendee registration packets.

The acceptance by the ACP of a deposit with an application does not in any way constitute acceptance of the application. If an application is subsequently denied, a full refund of deposit will be made promptly. We/I agree to abide by all regulations set forth in the accompanying prospectus which is made part of this contract, and to all conditions under which exhibit space in the J.W. Marriott L.A. LIVE is leased to the American College of Phlebology. NO refund of any deposit will be allowed for voluntary cancellation after September 2, 2011. There will be a \$350 cancellation fee assessed for any applications cancelled prior to September 2, 2011.

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Authorized Signature Date

PLEASE RETURN YOUR COMPLETED APPLICATION WITH PAYMENT TO:  
 American College of Phlebology  
 101 Callan Avenue, Suite 210, San Leandro, CA 94577

FOR CREDIT CARD PAYMENTS, FAX TO: 510.346.6808

