

APPLICATION FOR EXHIBIT SPACE
THE APACVS 38TH ANNUAL MEETING & EXHIBITION

Miami Hilton Downtown – Miami, FL • April 3-7, 2019

Application to exhibit dated _____ by and between _____ (hereinafter called "Exhibitor") and The Association of Physician Assistants in Cardiothoracic and Vascular Surgery (hereinafter called "APACVS").

In accordance with the terms and conditions governing exhibits at The APACVS 38th Annual Meeting & Exhibition at the Miami Hilton Downtown, Miami, Florida, April 3-7, 2019, the undersigned hereby makes this application for exhibit space, which, when accepted by APACVS, becomes a contract between Exhibitor and APACVS. Terms and conditions listed under the online EXHIBIT RULES & REGULATIONS, as well as those conditions under which exhibit space in the Miami Hilton Downtown is leased to the APACVS, are a material part of this contract.

If you have questions about this application or payment, contact David Lizotte at 502-321-6155 or 2019Sponsor@apacvs.org. For general information and the exhibit floor plan, see accompanying materials. Application must be completed in full.

<p>Contact Person: This person will receive future exhibitor emails and will be responsible for all booth logistics: PLEASE PRINT</p> <p>Contact Person: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>Address: _____</p> <p>City, State, Country: _____ Zip/Postal: _____</p> <p>Phone: _____ Ext. _____ Fax: _____</p> <p>Email Address: _____</p> <hr/> <p>We agree to abide by the APACVS Exhibit Rules & Regulations presented on the APACVS website and by the conditions under which exhibit space in the Miami Hilton Downtown is leased to APACVS. Submission of this form and its written acceptance by APACVS constitutes a binding contract between the Exhibitor and APACVS.</p> <p><u>Applications will not be processed without a signature.</u></p> <p>_____ Authorized Signature</p> <p>_____ Name Print</p> <p>_____ Title</p> <hr/> <p>(FOR OFFICE USE ONLY)</p> <p>Assigned Booth No.(s): _____ Cost of Booth(s): \$ _____</p> <p>Amount Received: \$ _____</p> <p>Amount Due: \$ _____</p> <p>Accepted by the APACVS</p> <p>_____ Exhibit Manager/Director of Meetings & Conventions Date</p>	<p>Exhibit Space Fees:</p> <p>On or before March 31, 2019 Inline booth (no corners): \$2,600 Inline booth (with corner): \$2,700</p> <p>After March 31, 2019 Inline booth (no corners): \$2,700 Inline booth (with corner): \$2,800</p> <p>Please note: 100% of the total exhibit space rental is due with the Application for Exhibit Space.</p> <p>Booth type: <input type="checkbox"/> Inline: 10' x 10' with no corners <input type="checkbox"/> Inline: 10' x 10' with corners</p> <p>The following are booth locations in order of preference. 1. _____ 2. _____ 3. _____ 4. _____</p> <hr/> <p>Payment Method:</p> <p>Full payment is due with this application. APACVS will not guarantee or hold a space without payment</p> <p>Check made payable to: The APACVS. Checks must be mailed with a copy of this application to the below address:</p> <p>APACVS 1435 Taylor Wood Rd. Simpsonville, KY 40067</p> <p>Check enclosed for \$ _____</p> <p>Credit Card: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA</p> <p>Application can be emailed to 2019Sponsor@apacvs.org or faxed to 502-405-1081.</p> <p>Amount to be charged: \$ _____</p> <p>_____ Credit Card Number</p> <p>_____ Expiration Date Security Code</p> <p>_____ Billing Address if different than contact address</p> <p>_____ City, State, Zip/Postal Code</p> <p>_____ Name as it appears on the credit card</p> <p>_____ Cardholder's Signature</p>
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APACVS

ASSOCIATION OF PHYSICIAN ASSISTANTS IN
CARDIOTHORACIC AND VASCULAR SURGERY

EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **by March 31, 2019**. Changes may be made at no charge until this date. After this date, changes must be made onsite and will be charged a \$25 per badge fee. Additional registrations over the 2-badge allotment per exhibit space will be assessed a \$100 per badge fee, payable before or at the time of registration. Refunds will not be issued for unclaimed badges.

Exhibiting Company Name:

The official in charge of the booth(s) on-site will be:

Name:

Following is the additional complimentary representatives who will be at the meeting:

Additional exhibit representatives at \$100 per representative:

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Exhibitor certifies that the named person(s) meet your eligibility qualifications. I further understand that badges are not to be issued to representatives of leasing companies, financial institutions, publishers, suppliers, vendors, or others who wish to gain admittance for making contacts other than in our exhibit. Exhibitors may not register any person eligible for registration at General Registration. All people registered under your company name must be employees of your company. Should anyone request a different company or organization name on their badge they will be asked to pay the full attendee fee for that category, i.e. physician, distributor, non-exhibiting industry. Should anyone from your company request CME credits, they cannot register as an exhibitor, but must register in the appropriate category. Example: physician, nurse, physician's assistant. **INITIALS:** _____

Return to: APACVS, 1435 Taylor Wood Rd, Simpsonville, KY, Fax: 502-405-1081 email: 2019Sponsor@apacvs.org