

Exhibitor ID:

**EXHIBITING COMPANY DIGITAL BOOTH INFORMATION**

\*Exhibiting Company Name:  
(Not to exceed 50 Characters including spaces)

Mailing Address:

City: State: Zip Code: Country:

Customer Service Phone: Fax:

Customer Service Email: Company Website:

**ADMINISTRATIVE CONTACT (REQUIRED FOR AAD CORRESPONDENCE PURPOSES ONLY)**

Company Name:

\*Administrative Contact: \*Professional Title

\*Mailing Address:

\*City: \*State: \*Zip Code: Country:

\*Office Direct Line: Mobile: \*Email:

\*REQUIRED

**BOOTH REQUESTS (AAD reserves the right to the final determination of booth location)**

Booth fee: \$3,800.00 per 100 square feet

Number of booths requested: Total square feet requested: Total: \$

Please indicate booth numbers in order of preference as selected from the floor plan  
Do not concentrate in one area.

1) 2) 3) 4)

Type of booth preferred: Linear Corner Island

What is more important: Location Type of booth

Comment(s)

**Product/Service Categories (Please list one primary product category from the list below)**

After space confirmation, additional categories maybe added by exhibitor via the online account manager.

- |   |   |
|---|---|
| Associations, Foundations & Medical Societies | Medical Lighting Equipment                |
| Clothing                                      | Office Equipment & Supplies               |
| Computer Software & Hardware                  | Other Medical Equipment & Supplies        |
| Cosmetics & Skin Care                         | Pharmaceutical                            |
| Disposable Medical Supplies                   | Photographic Equipment & Imaging Services |
| Laboratory Services                           | Phototherapy Supplies & Equipment         |
| Laser & Laser Supplies                        | Publishing & Educational Materials        |
| Market Research                               | Surgical Instruments                      |

We/I agree to abide by all the rules and regulations governing exhibitors set forth in the Technical Exhibit Prospectus, which is incorporated herein and made a part of this contract and to all conditions, which govern exhibit space in the Tampa Convention Center that is leased to the American Academy of Dermatology.

The total booth fee is due June 23, 2021. An invoice will be issued upon space assignment.

- Applications received after June 23, 2021 require the total booth fee due within 5 business day of receiving the space confirmation.
- Late payments will be assessed a fee of 3% of the outstanding balance after June 23, 2021.
- Payments must be by a check in U.S. funds drawn on a U.S. institution or by credit card only.

**AAD Data Privacy:** The Academy's data privacy <https://www.aad.org/legal-notice> -, and EU General Data Protection Regulations <https://www.aad.org/legal-notice/legal-eu>, and other policies for exhibitors are contained in the exhibitor application, prospectus and/or related registration materials and are incorporated herein by reference .

**Waiver and Release:** I understand that my participation as an exhibitor in the event involves a certain degree of risk of loss, harm or injury to my person or property, including, but not limited to, harm from contracting COVID-19 or other viruses, acts of God, theft, fire or accident. I also understand that participation as an exhibitor is entirely voluntary and that the American Academy of Dermatology (AAD) requires exhibitors to abide by any applicable rules of conduct or local or state laws that may be announced at any time during the event, which may include wearing personal protective gear and engaging in social distancing. While AAD is the sponsor of this event and takes commercially reasonable steps to require the event facility to maintain the venue in a safe and healthy condition, I understand and acknowledge that AAD has no direct control over and is not responsible for the acts or omissions of the facility or others involved in producing this event. I have carefully considered the risk involved and waive and release AAD and all its officers, directors, employees, staff, volunteers, faculty, and affiliates from any and all claims, damages, injuries, or expenses that I may incur from my participation as an exhibitor in this event.

**Third Party Authorization:** Exhibitors utilizing the services of a third party to contract for exhibit space and services must provide written authorization on Exhibiting Company Letterhead indicating the of the name and contact information of the authorized third party.  
This documentation must be emailed to: [exhibits@aad.org](mailto:exhibits@aad.org)

The parties agree that this agreement maybe electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

**\*Authorized by Signature:**

**\*Title:**

**\*Print Name Authorized By:**

**\*on behalf of Exhibiting Company:**

**\*Date:**

\*REQUIRED

---

### **AAD USE ONLY**

**Assignment Date:**

Booth Number(s):

Dimensions:

Accepted by:

Sara Peterson, Sr. Manager, Exhibitions & Meeting Services  
American Academy of Dermatology  
9500 W. Bryn Mawr Avenue, Suite 500  
Rosemont, IL 60018  
[exhibits@aad.org](mailto:exhibits@aad.org)

**Re-Assignment Date:**

Booth Number(s):

Dimensions: