



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: \$3,900.00 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): \_\_\_\_\_

- Associations, Foundations & Medical Societies Clothing
- Computer Software & Hardware
- Cosmetics & Skin Care Disposable
- Medical Supplies
- Laboratory Services
- Laser & Laser Supplies
- Market Research

- Medical Lighting Equipment Office Equipment & Supplies
- Other Medical Equipment & Supplies
- Pharmaceutical
- Photographic Equipment & Imaging
- Services Phototherapy Supplies & Equipment Publishing & Educational Materials Surgical Instruments

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

Exhibitor ID: \_\_\_\_\_

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 San Diego Convention Center that is leased to the American Academy of Dermatology.

**Payment:**  
**September 20, 2023: A deposit of 50% of the total booth fee is due in order to retain reserved booth space.** Applications received after September 20, 2023 require payment of 50% of the total booth fee within 15 business days of the invoice date.

**December 13, 2023: Full payment of the booth fee is due in order to retain reserved booth space.** The Academy may terminate the booth contract and release the space back into inventory, for non-payment of the deposit or final booth fees by the deadline date(s).

**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 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 may be 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**

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**AAD USE ONLY**

**Assignment Date:**

Booth Number(s):

Dimensions:

Accepted by:

Date:

Joni Taylor, Sr. Specialist, Exhibitions  
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: