

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: \$3,625.00 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 indicate 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 Washington State Convention Center that is leased to the American Academy of Dermatology.

The total booth fee is due by April 15, 2020

- Applications received after April 15, 2020 will require the total booth fee due within (5) business days of receiving the space confirmation.
- Late payments will be assessed a fee of 3% of the outstanding balance after April 15, 2020.
- You will be invoiced once space is assigned.
- *Payments must be by a check in U.S. funds drawn on a U.S. institution or by credit card only.*

***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:**

**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)*

\*REQUIRED

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**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: