

Exhibitor ID:

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### EXHIBITING COMPANY INFORMATION

Exhibiting Company Name:

(Not to exceed 50 Characters including spaces)

Address 1:

Address 2:

City: State: Zip Code: Country:

Company Website:

Customer Service Phone (will be published in online directory):

Administrative Contact Name:

Administrative Contact Title:

Administrative Contact Email (will be published in online directory):

Administrative Contact Direct Phone (will not be published):

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

Booth fees: \$40 per square foot / 100 sq. ft. minimum requirement

Number of square feet requested:

Total Booth Fees:

Please indicate booth numbers in order of preference as selected from the floor plan.

1) 2) 3) 4)

What is most important: Location Corner

Comment(s):

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### Product/Service Categories (Please select one primary product category from the list below):

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

Pharmaceuticals (*both prescription and nonprescription*)

Equipment and devices designed for diagnosis or treatment of dermatologic conditions Cosmetics and skin care

Scientific/medical educational publications

Activities of professional and educational organizations

Products or services relating to the support of non-medical aspects of the practice of dermatology

(*office equipment, record keeping equipment or services, etc.*)

ProPhysician recruitment and placement services

Research survey activities, in conjunction with confirmed exhibiting companies

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

**June 13, 2025:** 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). Applications received after June 13, 2025 require 100% payment of total booth fee within 15 business days of receiving the invoice.

**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:**

Accepted by:

Lauren Giagnorio  
 Senior Manager of Exhibitions & Meetings  
 American Academy of Dermatology  
 9500 W. Bryn Mawr Avenue, Suite 500  
 Rosemont, IL 60018  
[exhibits@aad.org](mailto:exhibits@aad.org)

Booth Number(s):

Dimensions:

**Re-Assignment Date:**

**Booth Number(s):**

**Dimensions:**