



Exhibitor ID:

## EXHIBITING COMPANY INFORMATION

\*Exhibiting Company Name:

(Not to exceed 50 Characters including spaces)

\*Address:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Country:

\*Website:

\*Company 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\*Administrative Contact Direct Phone (will not be published):

\*REQUIRED

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

Booth fee: \$45 per square foot for standard booth(s) – 100 sq. ft. minimum

\$60 per square foot for premium inline booth(s) – 100 sq. ft. minimum (limited number)

Booth dimensions in sq. ft. (10x10, 20x20, etc.):

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

☐

Comment(s)

## 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 exhibitor portal.

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 6, 2025:** A deposit of \$25% of the total booth fee is due to retain your reserved space. New applications received after this date will require a 25% deposit to secure space.

**October 8, 2025:** A second deposit of 25% of the total booth fee is due in order to retain reserved booth space. Applications received after October 8, 2025, require 50% payment of the total booth fee within 15 business days of receiving the invoice.

**December 17, 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 December 17, 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.

[illegible][illegible]

**\*Authorized by Signature:**

**\*Title:**

**\*Print Name Authorized By:**

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

**\*Date:**

**\*REQUIRED**

**AAD USE ONLY**

**Assignment Date:**

Accepted by:

Lauren Giagnorio  
Manager, Exhibitions & Meetings  
American Academy of Dermatology  
9500 W. Bryn Mawr Avenue, Suite 500  
Rosemont, IL 60018  
exhibits@aad.org

Booth Number(s):

Dimensions:

Re-Assignment Date:

Booth Number(s):

Dimensions: