

Exhibitor ID:

EXHIBITING COMPANY INFORMATION *REQUIRED

*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):

*Cell Phone:

*Administrative Contact Name:

*Administrative Contact Title:

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

*Administrative Contact Direct Phone (will not be published):

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

Booth fee: \$46 per square foot – 100 sq. ft. minimum

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

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

Total square feet requested:

Total Booth Fee: \$

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 requested: 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.

Associations, Foundations & Medical Societies

Clothing

Computer Software & Hardware

Cosmetics & Skin Care

Disposable Medical Supplies

EMR/EHR Systems

Laboratory Services

Laser & Laser Supplies

Medical Lighting Equipment

Office Equipment & Supplies

Other Medical Equipment

Pharmaceutical

Photographic Equipment & Imaging Services

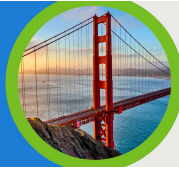
Phototherapy Supplies & Equipment

Practice Management & Physician Recruitment

Publishing & Education Materials

Surgical Instruments

Don't see your category, email exhibits@aad.org



We/I agree to abide by all the rules and regulations governing exhibitors set forth in the Exhibitor 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.

May 27, 2026: 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.

September 23, 2026: A second deposit of 25% of the total booth fee is due in order to retain reserved booth space. Applications received after September 23, 2026, require 50% payment of the total booth fee within 15 business days of receiving the invoice.

December 9, 2026: 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 9, 2026, 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/We hereby agree to release, defend, hold harmless and indemnify the American Academy of Dermatology, its officers, directors, employees, agents, contractors, exhibitors, and other participants in the exhibition space, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by the American Academy of Dermatology, its officers, directors, employees, agents, contractors, exhibitors, or other participants in the exhibition space, in connection with the exhibition space, whether or not such claims, damages, losses, or expenses are caused in whole or in part by the negligence of the American Academy of Dermatology, its officers, directors, employees, agents, contractors, exhibitors, or other participants in the exhibition space. This release and indemnification shall not apply to claims, damages, losses, or expenses caused by the gross negligence or willful and wanton misconduct of the American Academy of Dermatology, its officers, directors, employees, agents, contractors, exhibitors, or other participants in the exhibition space.

Third Party Authorization: I/We hereby authorize the American Academy of Dermatology, its officers, directors, employees, agents, contractors, exhibitors, and other participants in the exhibition space, to use my name and likeness in any and all promotional materials, including but not limited to press releases, brochures, and other marketing materials, for the purpose of promoting the exhibition space. This authorization shall not be construed as an endorsement of any product or service.

***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, 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: