

APPLICATION FOR EXHIBIT SPACE SLEEP 2010 24th Annual Meeting of the APSS

Henry B. Gonzalez Convention Center, San Antonio, Texas - June 5-9, 2010
 Exhibit Dates: June 7-9, 2010

Deadline for consideration of priority points: January 29, 2010

Company Information

Please type or clearly print the company name as it should appear in the Final Program. Use upper and lower case.

Company Name: _____

Primary Contact Person and Title (this person will receive all pre-meeting communications): _____

Address: _____

City, State, Postal Code, Country: _____

Telephone: _____ / _____ Fax: _____ / _____ E-mail: _____

Final Program/Toll-free number: _____ / _____ Web site: _____
(Phone number to be provided within the final program) (Web site to be provided within the Final Program)

On-Site Contact Person & Title (this person will be present at the meeting and can make decisions regarding badge allotments): _____

Company Description

Each company will be listed alphabetically in the Final Program. This listing is to include company name, city, state, country, toll-free number, Web site address and a 50-word description. **Descriptions longer than 50 words will be edited at the discretion of the APSS.** If a description is not received, only the company name, city, state and country listed on this application will be used. Please type or clearly print the description below (50 words or less) or attach a separate sheet. The description may also be e-mailed to klovato@aasmnet.org. Deadline to submit description is Friday, March 26, 2010. If your company plans to upgrade your exhibitor listing for \$100, the 4-color company logo is due by Friday, March 26, 2010, via e-mail to klovato@aasmnet.org.

Upgrade final program listing - check this box if your company wishes to upgrade its exhibitor listing. Please add \$100 to your grand total for booth space.

Rates and Selections

The APSS makes every effort to accommodate your booth preferences. Please indicate booth numbers in order of preference (see floor plan for booth numbers):

1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____

	Premium Booth Rental On or Before January 15	Premium Booth Rental After January 15	Standard Booth Rental On or Before January 15	Standard Booth Rental After January 15
Inline 10x10 Booth:	\$2,200	\$2,400	\$2,000	\$2,200
Corner 10x10 Booth:	\$2,400	\$2,600	\$2,200	\$2,400
Island Booth, per 100 square feet*	\$2,400	\$2,600	\$2,200	\$2,400
Non-profit 10x10 Booth:			\$1,500	\$1,800

*An island booth is bordered on all four sides by aisles

While all preferences will be considered, requests to be near (or distanced) from particular companies may hinder your requested placement as indicated above.

Exhibitors we wish to be near: _____

Exhibitors we do **NOT** wish to be near: _____

Exhibit Hall Sales

- Company will not participate in exhibit hall sales.
- Company intends to participate in exhibit hall sales. The company and all affiliates have reviewed the APSS rules and regulations and agree to comply with the policies of the APSS, the Henry B. Gonzalez Convention Center, the city of San Antonio and the state of Texas.

Please provide a list of all products and/or services to be sold at SLEEP 2010.

Handouts/Give-aways

Handouts and give-aways, with the exception of company literature, must be approved by the APSS.

I/we request permission to distribute, in the manner of handouts, give-aways, drawings, and/or contests the following materials (please enclose sample if possible):

Hanging Signs/ Food or Beverage/ Lighting

- By checking this box, your company is notifying the APSS of the intent to hang a sign within the company's designated booth space. The company and all affiliates agree to comply with the rules and regulations of the APSS and the Henry B. Gonzalez Convention Center during installation, exhibition and dismantling.

Do you plan to serve food or beverage in your booth? Yes or No

Do you plan to have truss or overhead lighting? Yes or No (If yes, please add the appropriate fees below. See page 10 for pricing details.)

Payment

Full payment must be submitted with application in order for the application to be processed.

Please check one of the following:

- Check - Made payable to APSS (U.S. Funds drawn on a U.S. Bank only)
- Visa MasterCard American Express

Card # _____ Expiration date ____/____/____ *Validation Code _____

Cardholder name _____ Signature *(required)* _____

*For MasterCard or Visa, validation code is the last 3 numbers in the signature box.

*For American Express, the validation code is the 4 numbers above the credit card number.

Booth Space Total: \$ _____
Upgrade Listing Total: \$ _____
Truss Lighting Total: \$ _____
Grand Total: \$ _____

Agreement/Signature

We agree to abide by the exhibit rules and regulations and any amendments thereto, all of which are indicated in this prospectus, and are a part of this application. If an exhibitor cancels or reduces their exhibit space prior to **April 30, 2010**, they will be responsible for 20% of the total contracted space costs. No refunds will be issued for cancellations/reductions after **April 30, 2010**.

Signature _____ Title _____

Date ____/____/____

Please return this completed application as soon as possible to:

Kathy Lovato, Meeting Planner

APSS

One Westbrook Corporate Center, Suite 920

Westchester, IL 60154

Fax: (708) 273-9354

For questions or comments contact Kathy Lovato at (708) 492-0930 or exhibiting@aasmnet.org