



# Application Contract for American Transplant Congress Exhibit Space

The Eighth Annual Meeting of the American Society of Transplant Surgeons and the American Society of Transplantation  
May 31 – June 4, 2008 • Metro Toronto Convention Centre • Toronto, Ontario, Canada

**Important: please print or type this application**

1. **Company:** \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. Company representative to receive all information regarding exhibits and the meeting:

Name: \_\_\_\_\_  
Address: (if different than above): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 3. Contractor Information

(In order for the contractor handling your decorating needs to receive an Exhibitor Services Manual, provide the following information if applicable:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Method of Payment:

Check enclosed (payable to ASTS/AST)      Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Total amount of check: \$ \_\_\_\_\_      Cardholder's Name \_\_\_\_\_  
 Credit Card      Signature \_\_\_\_\_  
 AMEX    VISA    MasterCard      Total amount to be charged: \$ \_\_\_\_\_

4. Total number of booths: \_\_\_\_\_

## 5. Principal products to be displayed:

Books    Instruments    Equipment    Pharmaceuticals    Other: \_\_\_\_\_

## 6. Preferred locations (we understand and recognize that the assignment of space is at the sole discretion of the American Transplant Congress)

1st \_\_\_\_\_ 3rd \_\_\_\_\_ 5th \_\_\_\_\_  
2nd \_\_\_\_\_ 4th \_\_\_\_\_ 6th \_\_\_\_\_  
(Do not concentrate your choices in the same area)

## 7. Competitors you do NOT wish to be near:

\_\_\_\_\_

## 8. Companies you would like to be near:

\_\_\_\_\_

9. **Company Product Description:** Please provide 2-3 sentences with a description of your company's services and/or products to be included in the official program book. Please forward via e-mail your description to the exhibit manager at rgeary@ahint.com by January 5, 2007, to ensure inclusion in the final program.

**For Official Use Only**

Date Received: \_\_\_\_\_ Booth Assigned: \_\_\_\_\_  
Cost of Booth: \$ \_\_\_\_\_  
1st Deposit Required: \$ \_\_\_\_\_ Payment Method: \_\_\_\_\_  
Balance Due: \$ \_\_\_\_\_  
2nd Deposit Required: \$ \_\_\_\_\_ Payment Method: \_\_\_\_\_

1. Assignment of space made by ATC will be considered as accepted unless rejected in writing and received by ATC Management within 14 days from the date of receipt of notification of space assignment.  
2. The undersigned agrees to pay 50 percent of the rental fee with this application either by check made payable to the ASTS/AST or credit card. The remaining balance of 50 percent is due on or before January 31, 2008.  
3. Applications and/or product descriptions received after January 31, 2008, will NOT be listed in the official program.  
4. No exhibitor may assign, sublet the whole or any part of space allotted, nor exhibit therein any goods other than those manufactured or handled by the exhibitors in the regular course of this business.  
5. The contracting exhibitor agrees that any cancellation must be in writing and that booth fees will not be refunded on or after February 15, 2008. Cancellations prior to February 15, 2008, will be refunded minus an administrative fee of \$350.  
6. The undersigned agrees to abide by all the conditions, rules and regulations for exhibitors set forth in this Official Exhibit Prospectus for ATC, the Eighth Annual Meeting of the American Society of Transplant Surgeons and American Society of Transplantation in which conditions, rules and regulations are incorporated herein as part of this contract.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_