The Liver Meeting® 2010
EXHIBIT SPACE APPLICATION AND CONTRACT

61ST ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

OCT 29 – NOV 2, 2010 • BOSTON, MA
JOHN B. HYNES VETERANS MEMORIAL CONVENTION CENTER

Upon acceptance of this contract by AASLD, the undersigned company agrees to the conditions, rules and regulations outlined below, included in the exhibitor prospectus and contained in the exhibitor's manual. The undersigned company further agrees that AASLD shall have full power to interpret and enforce all regulations contained herein, and the power to make such amendments and such further rules and regulations as may be deemed necessary for the proper conduct of the exhibition. Failure to abide by such rules and regulations results in forfeiture of all monies paid or due to AASLD under terms of this agreement.

Important: Please type or print clearly.

____
COMPANY

____
ADDRESS

____
CITY STATE ZIP

____
COUNTRY

____
PHONE (For Inclusion in the final program)

____
FAX (For Inclusion in the final program)

____
WEB SITE (For Inclusion in the final program)

____
SUBMITTED BY

____
CONTACT PERSON TITLE

____
PHONE

____
FAX

____
EMAIL

PAYMENT INFORMATION

☐ Deposit only (50% of booth cost) ☐ Full payment (100% of booth cost)

☐ Check Payment #______________

☐ Credit Card Payment (A 3% credit card processing fee will be added to all credit card payments.)
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

____
CREDIT CARD NUMBER EXPIRATION DATE

____
AUTHORIZED SIGNATURE

____
NAME AS IT APPEARS ON CREDIT CARD

____
BILLING ADDRESS

FEES

A 50% deposit must accompany this application. The balance is due July 2, 2010. Checks should be made payable to AASLD and sent to: **AASLD Attn: Exhibit Application, 1001 North Fairfax Street, Suite 400, Alexandria, VA 22314**

Credit card payments may be faxed to: 703-299-9622

CANCELLATIONS/DOWNSIZING

Cancellations and downsizing of booth notifications must be submitted in writing to AASLD by July 2, 2010. Please see information in the prospectus regarding specific cancellation and downsize information and fees.

AASLD OFFICE USE ONLY • AASLD Federal ID: #23-7373091

DATE RECEIVED	BOOTH(S) ASSIGNED	DIMENSIONS
$ COST OF BOOTH(S)	$ DEPOSIT RECEIVED	$ BALANCE DUE

BOOTH PRICES

Standard Booth size: 10 feet x 10 feet • Maximum Booth Size: 20 feet x 50 feet
Inline Booth: $2,650 • Corner booth: $2,850 • Island Booth: $29 per square foot • Nonprofit: $500

BOOTH SELECTION

All booths will be equipped with 8-foot backdrop and 3-foot side draperies. The basic rate includes: watchman, daily cleaning of aisles, and a 7-inch x 44-inch, two-line identification sign indicating your company name, city, state and booth number(s).

1. Total number of booths requested:______________
2. Preferred location:

BOOTH CHOICE 1.______________ PRICE $______________
2.______________ $______________
3.______________ $______________
4.______________ $______________

Management reserves the right to rearrange the floor plan or relocate booths.

3. List any probable exhibitor you wish to be near:
____
4. List any probable exhibitor you do not wish to be near:
____
5. Principal products to be displayed:
☐ Books ☐ Instruments ☐ Equipment
☐ Pharmaceuticals ☐ Other ______________
6. Market research firms must indicate corporate/pharmaceutical client
____
____
7. Company Description: A 50-word description of your company's services and products should be e-mailed to exhibits@aasld.org no later than July 2, 2010, for inclusion in the final program. AASLD reserves the right to edit any descriptions that exceed the 50-word limit.
8. In August, 2010, you will receive a link to access the Exhibitor Services Online Manual.
9. Please provide the following information:

____
CHIEF MARKETING OFFICER

____
EMAIL PHONE

____
CHIEF MEDICAL OFFICER

____
EMAIL PHONE

10. Primary Medical Education/Grants contact:

____
NAME

____
EMAIL PHONE

AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

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LEVEL 2 - EXHIBIT HALLS C & D

BOSTON, MASS.