



APPLICATION FOR EXHIBIT SPACE AACS 26TH ANNUAL SCIENTIFIC MEETING

January 28 – 31, 2010
Rosen Shingle Creek Resort, Orlando, FL

Complete this application and mail with payment to:

AACS Exhibits
P.O. Box 95169
Palatine, IL 60095-0169

If paying by credit card, please fax to 312.981.6787. Please Print!

EXHIBITING COMPANY (AS LISTED IN PROGRAM)

Company Name _____
Address _____
City/State/Zip _____
Country _____
Telephone _____
Fax _____
E-Mail _____
Website _____
Contact _____

(This person will receive all AACS correspondence)

PRODUCT CATEGORY

Your company will be listed in our Exhibit Guide alphabetically and by product category. Please check all that apply.

- | | |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Associations & Medical Societies | <input type="checkbox"/> Computer Hardware & Software |
| <input type="checkbox"/> Cosmetics & Skin Care | <input type="checkbox"/> Disposable Medical Supplies |
| <input type="checkbox"/> Garments & Clothing | <input type="checkbox"/> Imaging & Photographic Equipment |
| <input type="checkbox"/> Implants | <input type="checkbox"/> Lasers & Laser Supplies |
| <input type="checkbox"/> Office Equipment & Supplies | <input type="checkbox"/> Other Medical Equip. & Supplies |
| <input type="checkbox"/> Patient Education | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Practice Management | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Surgical Instruments | |

BOOTH LOCATION PREFERENCE

(In order of preference)

1. Booth number(s) _____ 3. Booth number(s) _____
2. Booth number(s) _____ 4. Booth number(s) _____

Firms, products or services you do not wish to be near _____

Please indicate the number of consecutive years you have exhibited at the AACS Annual Meeting.

Number years _____ First-time exhibitor

MAILING ADDRESS (IF DIFFERENT)

Company Name _____
Address _____
City/State/Zip _____
Country _____
Telephone _____
Fax _____
E-Mail _____

TOTAL AMOUNT DUE

Total number of booths _____ x \$ _____ = _____

TOTAL DUE \$ _____

Please refer to the Rate Information Section for booth pricing information. Make checks payable to AACS. Refunds for space cancellation will be honored as stated in the exhibitor prospectus. No refunds will be granted after October 1, 2009. A copy will be returned for your files upon acceptance.

IF PAYING BY CREDIT CARD

Visa MasterCard American Express

Card # _____

Exp. Date _____

Name on Card _____

Amount (\$) _____

Signature _____

BOOTH RATES Corner - \$2,495 In-Line - \$2,325 Island - \$9,000

Please have someone contact me about the Corporate Partners Program and Sponsorship Opportunities.

In accordance with the terms, conditions and regulations governing exhibits at meetings sponsored by the American Academy of Cosmetic Surgery (AACS), the undersigned hereby makes application for exhibit space(s) January 28 – 31, 2010 at the Rosen Shingle Resort Creek, Orlando, which, when accepted by AACS, becomes a contract. This contract is subject to all provisions, terms and conditions as stated in the prospectus packet. The undersigned agrees to abide by all rules, requirements, restrictions and regulations as set forth in this agreement, the official program book or as may be especially designated by Management, the Hotel or the State of Florida. Failure to abide by such rules and regulations results in forfeiture of all monies paid or due Management under terms of this agreement. For general information and exhibit floor plan and booth prices, see the accompanying prospectus.

Signature _____

Date _____

BOOTH(S) ASSIGNED _____