

Application/Contract for Exhibit Space

American Physical Therapy Association's Combined Sections Meeting



CSM
2010
SAN DIEGO
February 17-20

Exposition dates: February 18-20

Send your application in prior to the early-bird deadline
(October 1, 2009) for priority placement!

www.apta.org/CSM

Please print or type information.

COMPANY NAME _____ CONTACT PHONE _____
CONTACT PERSON _____ TITLE _____
E-MAIL _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
SIGNATURE _____ DATE _____

By signing this application, you are stating that your company is not a physician-owned practice. For clarification, see the Referral for Profit section on page 9.

Go Green! Check here if you wish to begin receiving your exhibiting information electronically!

Preferred location: Exhibit Hall _____ Career Center _____ # of Booths Required: Corner _____ In-line _____ Total # of booths _____

Preferred booth #: 1. _____ 2. _____ 3. _____ 4. _____

We would like to be near / away from the following companies: _____

If you have exhibited previously under another name, please provide name: _____

Please provide the name of your insurance company: _____

Applications received after October 1, 2009, will be processed on a first-come, first-served basis. See Exhibitor Prospectus for floor plan, pricing, and other exhibitor rules and regulations. By signing this application, we agree to the rules and regulations set forth in the Exhibitor Prospectus. For applications received before October 1, 2009, balance is due on November 13, 2009.

All information must be complete in order for application to be processed. Forms with no payment info will not be processed.

Product/service categories (select up to 3)

1. ___ Ambulatory aids	9. ___ Education	17. ___ Hospital	25. ___ Publishers (books)
2. ___ Assessment aids/evaluation/testing	10. ___ Electrotherapy	18. ___ Hydrotherapy	26. ___ Publishers (magazines)
3. ___ Career development/Recruiter	11. ___ Employment agency	19. ___ Insurance	27. ___ Rehabilitation facilities
4. ___ Cold therapy	12. ___ Exercise/treatment	20. ___ Lifts/transfer devices	28. ___ Therapy Services Prov.
5. ___ Computer software	13. ___ Financing/leasing	21. ___ Non-Profit	29. ___ Ultrasound
6. ___ Consulting/practice mgmt	14. ___ Functional equipment/Mobility	22. ___ Orthoses	30. ___ FCE/work hardening
7. ___ Contract therapy services	15. ___ General equipment and supplies	23. ___ Pediatric aids	31. ___ Wound/skin care
8. ___ Cushions/pillows/positioning	16. ___ Heat therapy	24. ___ Prostheses	32. Other: _____

Cancellation Policy: All cancellations must be received in writing. Non-profit/career center booths: no refunds. Please refer to the Exhibitor Prospectus for further details on our cancellation policy.

PAYMENT INFORMATION

50% deposit is due with application received before October 1, 2009.

Applications received **after October 1, 2009**, require **full payment (100%)** with application.

Amount to be charged*: \$ _____ (*Subject to change based on booth space availability and assignment)

Card number: _____ Exp: _____ Card type: _____

Name on card: _____ Billing address: _____

Cardholder's signature: _____

Product(s) to be displayed:	FDA	
	Exempt	Cleared
_____	_____	_____
_____	_____	_____

Initials: _____ If you are paying by credit card, please **initial** on the line to authorize APTA to charge the balance due on your account on **November 13, 2009**.

Send completed application to: Sarah Driver, Exhibits Manager (Fax: 703/706-8501), 1111 N Fairfax Street, Alexandria VA 22314.

Send check payments only to: American Physical Therapy Association, PO Box 79054, Baltimore, MD 21279-0054.