

Application/Contract Exhibitor Space

American Physical Therapy Association

Conference dates: June 16-19, 2010

Exposition dates: June 17-19, 2010

Early-bird deadline: February 25, 2010

www.apta.org/AnnualConference



PT2010 June 16-19 **BOSTON**

Please print or type information.

Company Name _____ Company Phone _____
 Contact Person _____ Title _____
 Fax _____ Contact Phone _____ E-Mail _____
 Address _____
 City _____ State _____ Zip _____
 Signature _____ Date _____

Preferred Location: Exhibit Hall _____ Career Center _____ # of Booths Required: Corner _____ Inline _____
 Preferred Booth #: Choice 1 _____ Choice 2 _____ Choice 3 _____ Choice 4 _____
 Order of Preference: Requested Location _____ Corner _____ Near/Away From _____ Inline _____
 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 February 25, 2010, 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. Fifty percent (50%) deposit is due with application, and balance is due April 8, 2010. Applications received after April 8, 2010, require full payment (100%) with application.

All information must be complete in order for application to be processed.

Product/service categories (select up to 3)

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

Payment information

Check if you would like half payment

Amount to be Charged: \$ _____
 Name on Card: _____
 Card Number: _____ Exp: _____
 Card Type: _____
 Billing address: _____
 Cardholder's signature: _____

By signing this application, you are acknowledging that your company is not a physician-owned practice. For clarification, see the Referral for Profit Guidelines section of the Exhibitor Rules and Regulations.

Check the box if you are paying by credit card, please check the box if you authorize APTA to charge the balance due on your account on April 8, 2010.

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

Cancellation Policy: All cancellations must be received in writing. Before April 8: 50% refund. No refunds for cancellations will be made after April 8, 2010. Nonprofit/ Career Center booths: No refunds.

APTA Office Use Only A C F B O

Rcvd: _____ Total \$: _____
 DEP Date: _____ Amount: _____
 Full Date: _____ Amount: _____

Send completed application to: Sarah Driver, Exhibits Manager, American Physical Therapy Association, 1111 N Fairfax Street, Alexandria, VA 22314; Fax: 703/706-8501; Phone: 703/706-3223; E-mail: sarahdriver@apta.org

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

