



# Exhibit Space Application/Contract

For ASA Use Only		
Date Received	Time	VIA
Payment	Batch #	Initials
Booth Assigned	Date	PPT

To maximize your assignment priority, return your application by Sept. 21, 2009.

**Print or Type (Incomplete applications will not be accepted.)**

**Exhibitor Information:** Company name and address information should be completed exactly as they should appear in official publication

New Exhibitor?  
 YES  NO

Past exhibitor?  
 ISC  AANS  ASITN

company (exhibiting as) \_\_\_\_\_ previous company names (if different from current company name): \_\_\_\_\_

address \_\_\_\_\_ toll free telephone \_\_\_\_\_

city \_\_\_\_\_ state/province \_\_\_\_\_ zip/postal code \_\_\_\_\_ country \_\_\_\_\_ company web site \_\_\_\_\_

primary contact \_\_\_\_\_ title \_\_\_\_\_ telephone \_\_\_\_\_ fax \_\_\_\_\_ e-mail address \_\_\_\_\_

secondary contact \_\_\_\_\_ title \_\_\_\_\_ telephone \_\_\_\_\_ fax \_\_\_\_\_ e-mail address \_\_\_\_\_

**Preferences:** The following will be used as a guide in assigning your exhibit space.

**List of products/services to be displayed:** \_\_\_\_\_

**FDA Status:**  Approved  In Process  Not Applicable

**Competitor Proximity:** Complete the following sentences:

We would like to be near: \_\_\_\_\_

We don't want to be near: \_\_\_\_\_

**Assignment Priority:** Please rate the following preferences 1–3 in order of importance. Use 1 for the most important and 3 for the least.

Floor Location \_\_\_\_\_ Competitor Proximity \_\_\_\_\_ Corner Location \_\_\_\_\_

**Exhibit Selection:** Please list four choices, in order of preference, for your exhibit location. See the enclosed floor plan for the exhibit hall layout

**Booth#**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Dimensions \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ sf

**Payment:**

Exhibit Space: \_\_\_\_\_ sq. ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Prior to Sept. 21, 2009 • \$27.00 psf**  
**Beginning Sept. 22, 2009 • \$30.00 psf**

Full payment must accompany all applications.

**9. Mail completed application and check to:**  
American Stroke Association,  
c/o Bank of America, Remittance Processing Dept.  
1950 N. Stemmons Fwy, Ste. 5010, LBX 844504,  
Dallas, TX 75207

Make checks payable  
to: American Stroke  
Association

**or**

**Fax completed application and credit card information to (214) 706-1517.** Your submission of this signed form by facsimile evidences your agreement that such facsimile is intended by you to be a binding agreement as to the terms and

**Method of Payment**  Check  Credit Card  
If paying by credit card, please complete the following:

Card:  VISA  MasterCard  American Express      Amount to charge \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Signature of card holder** **X** \_\_\_\_\_

Card holder's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**8. Agreement** —We, the undersigned, hereby make application for exhibit space at the American Stroke Association's International Stroke Conference at the Henry B. Gonzalez Convention Center, San Antonio, TX and authorize the ASA to reserve exhibit space on our behalf. A signature on this application indicates understanding and agreement to comply with all policies, rules, regulations, terms and conditions in the Prospectus, and any others issued by ASA regarding the International Stroke Conference 2010; willingness to abide by the payment policy and acknowledgement of having read the rules and regulations and agreement that the 2010 ASA rules and regulations are an integral and binding part of this contract. Full payment of the booth cost, in U.S. funds drawn on a U.S. institution, is required with all applications submitted. Priority deadline is Sept. 21, 2009.

**X** \_\_\_\_\_  
Signature of Authorizing Officer

\_\_\_\_\_  
Name of Authorizing Officer (please type or print)

\_\_\_\_\_  
Title of Authorizing Officer

\_\_\_\_\_  
Date