

APPLICATION AND CONTRACT FOR EXHIBIT SPACE - A

98th Annual Meeting Exhibition of the American Academy of Periodontology

Los Angeles Convention Center • Los Angeles, CA • September 30 - October 2, 2012

Return contract to:

The American Academy of Periodontology
737 N. Michigan Avenue, Suite 800
Chicago, IL 60611-2690
Fax: 312-573-3225

For AAP Use Only

I.D.# _____
Order # _____

PAYMENT SCHEDULE: A \$1,000 per 100 square feet of space is due for booths reserved on November 13, 2011, or November 14, 2011. The remaining balance is due by April 1, 2012. 100% payment is due for booth space reserved after November 14, 2011.

BOOTH ASSIGNMENT: Booth assignments on November 13, 2011 and November 14, 2011 will be assigned under the priority point system. All other booths will be assigned on a first-come, first-served basis.

The undersigned (hereafter called the Exhibitor) hereby applies for space in the 2012 American Academy of Periodontology Annual Meeting Exhibition scheduled to be held at the Los Angeles Convention Center, Los Angeles, CA, September 29 - October 2, 2012. The Exhibitor understands that this application must be accompanied by the appropriate payment due.

It becomes a valid contract when The American Academy of Periodontology returns a signed acceptance copy. The Exhibitor understands that the assigned space will be charged at the rate of \$29 per square foot (\$2,900 for each 10'x10' booth) with an additional \$150 charge for each corner. The Exhibitor hereby acknowledges receipt of and agrees to abide by the Exhibitor Regulations as printed and enclosed with the 2012 AAP Annual Meeting Exhibitor Prospectus, and which are made a part of this contract by reference and fully incorporated herein, and to all conditions under which exhibit space at the Los Angeles Convention Center is leased to The American Academy of Periodontology.

Please Type or Print Clearly (Note: Name, phone, fax and website of company will be published EXACTLY as indicated below. (Please do not abbreviate.)

Company	City	State	Country
Phone	Fax		
Web site address			

Information listed below is for sponsor information only and will not be published. Send all Exhibition information to:

Contact Name	Contact Id No (For AAP Use Only)	
Phone	Extension	Fax
E-mail address **		

** Important, as all Exhibitor bulletins and important updates will be sent via e-mail.

Exhibitor has read and understands the 2012 AAP Annual Meeting Rules and Regulations and agrees to abide by all of their terms. Exhibitor understands that the AAP is under no obligation to accept this application. Exhibitor further understands that the AAP will accept an application only if, in its sole judgment, it believes the Exhibitor will comply with these Regulations, and if there is adequate space.

Exhibitor assumes the entire responsibility and liability for all claims, losses, and damages to persons or property, governmental charges or fines, attorney's fees, and other costs caused by or in any manner arising out of or associated with Exhibitor's installation, maintenance, removal, occupancy, or use of the exhibit space or any part thereof, and Exhibitor agrees to protect, indemnify, defend and hold harmless the American Academy of Periodontology, Japanese Society of Periodontology, Los Angeles Convention Center, and their respective owners, officers, directors, members, employees, and agents against such claims, losses, and damages. In addition, Exhibitor acknowledges that neither The American Academy of Periodontology, nor the Los Angeles Convention Center maintains insurance covering Exhibitor's displays, equipment or other property, or covering Exhibitor's employees or agents, and that it is the sole responsibility of Exhibitor to obtain appropriate liability, property damage, and business interruption insurance covering such losses.

Authorized Signature	Printed Name
Title	Date

Check here if you are a **new exhibitor** to the AAP Check here if you will **sell products** on the Exhibit Floor

NOTE: SUBMITTED CONTRACTS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:

- | | |
|---|---|
| <input type="checkbox"/> Deposit of \$1,000 per 100 square feet of exhibit space for booths reserved on November 13, 2011, or November 14, 2011 | <input type="checkbox"/> Authorized Signature/Address Information |
| <input type="checkbox"/> 100% payment for booths reserved after November 14, 2011 | <input type="checkbox"/> Completion of Section B (Reverse Side) |
| | <input type="checkbox"/> Certificate of Insurance |

Booth Request

- _____ Booth size requested (each unit is 10' x 10')
 Yes No Corner requested (Corners are charged at the rate of \$150 per corner)
 Yes No Peninsula booth requested
 Yes No Island booth requested
- The Exhibitor prefers the following booth numbers: (please complete all 6 selections)
 1st choice _____ 2nd choice _____
 3rd choice _____ 4th choice _____
 5th choice _____ 6th choice _____
- Exhibitor does not wish to be in immediate proximity of the following companies:

(The sponsor will attempt to adhere Exhibitor's request, but cannot guarantee the above)

- Note any special circumstances you wish to be considered when space is assigned:

- Please list the names of companies for which you are distributing products:

Payment

- Payment Amount _____
 Check # _____
 (payable to the American Academy of Periodontology)
 VISA MasterCard
 100% payment

_____ Initial here to authorize credit card payment for deposit and balance due (if applicable)

The AAP does accept wire transfers. Please contact melodie@perio.org for additional information.

Credit Card #
Security Code #
Expires
Authorized Signature
Printed Name

APPLICATION AND CONTRACT FOR EXHIBIT SPACE - B

EXHIBITORS MUST COMPLETE SECTIONS A and B BEFORE CONTRACT CAN BE PROCESSED.

1. PLEASE STATE THE FDA STATUS OF THE PRODUCT(S) TO BE DISPLAYED, IF APPLICABLE:

2. IF ANY OF THESE PRODUCTS ARE CURRENTLY IN LITIGATION WITH A GOVERNMENT AGENCY OR ARE THE SUBJECT OF AN UNFAVORABLE OR CAUTIONARY REPORT BY AN AGENCY OF THE AMERICAN DENTAL ASSOCIATION, PLEASE NOTE HERE AND EXPLAIN:

3. PRODUCT CATEGORY INDEX - CHECK EACH ITEM THAT YOU WILL HAVE ON DISPLAY AT THE ANNUAL MEETING:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 100 Abrasives | <input type="checkbox"/> 140 Electrosurgical Equipment | <input type="checkbox"/> 178 Microscopes | <input type="checkbox"/> 214 Retraction Materials |
| <input type="checkbox"/> 101 Absorbents | <input type="checkbox"/> 141 Elevators | <input type="checkbox"/> 179 Mirrors | <input type="checkbox"/> 215 Rubber Dam and Accessories |
| <input type="checkbox"/> 102 Acrylics | <input type="checkbox"/> 142 Emergency Equipment | <input type="checkbox"/> 180 Models, Demonstrations | <input type="checkbox"/> 216 Saliva Ejectors |
| <input type="checkbox"/> 103 Alginates | <input type="checkbox"/> 143 Emergency Kits | <input type="checkbox"/> 181 Mouthprops | <input type="checkbox"/> 217 Scalers |
| <input type="checkbox"/> 104 Amalgams and Accessories | <input type="checkbox"/> 144 Endodontic Instruments and Materials | <input type="checkbox"/> 182 Mouthwashes and Rinses | <input type="checkbox"/> 218 Scalers, Ultrasonic |
| <input type="checkbox"/> 105 Analgesia Equipment and Accessories | <input type="checkbox"/> 145 Eugenols | <input type="checkbox"/> 183 Needles | <input type="checkbox"/> 216 Scavenger Products and Accessories |
| <input type="checkbox"/> 106 Anesthesia Equipment and Accessories | <input type="checkbox"/> 146 Evacuators and Evacuator Systems | <input type="checkbox"/> 184 Office Decor | <input type="checkbox"/> 217 Sharpeners, Instrument |
| <input type="checkbox"/> 107 Anesthetics | <input type="checkbox"/> 147 Eyeware, Protective | <input type="checkbox"/> 185 Office Design/Space Planning Services | <input type="checkbox"/> 218 Silicates |
| <input type="checkbox"/> 108 Aprons, Lead | <input type="checkbox"/> 148 Face Masks and Shields | <input type="checkbox"/> 186 Operating Room Equipment and Supplies | <input type="checkbox"/> 219 Soaps, Lotions, Cleansers |
| <input type="checkbox"/> 109 Articulating Paper, Film and Ribbon | <input type="checkbox"/> 149 Financial Programs | <input type="checkbox"/> 187 Orthodontic Appliances, Materials and Accessories | <input type="checkbox"/> 220 Solutions |
| <input type="checkbox"/> 110 Articulators | <input type="checkbox"/> 150 Floss Products | <input type="checkbox"/> 188 Oxygen Equipment | <input type="checkbox"/> 221 Solutions, Sterilizing |
| <input type="checkbox"/> 111 Aseptic Water Systems | <input type="checkbox"/> 151 Fluoride Products | <input type="checkbox"/> 189 Pads, Mixing | <input type="checkbox"/> 222 Splinting Materials |
| <input type="checkbox"/> 112 Audiovisual and Patient Education Products | <input type="checkbox"/> 152 Furniture and Accessories | <input type="checkbox"/> 190 Paper Products | <input type="checkbox"/> 223 Sterilizing Equipment and Accessories |
| <input type="checkbox"/> 113 Autoclaves, Sterilizers and Accessories | <input type="checkbox"/> 153 Gloves | <input type="checkbox"/> 191 Patient Education | <input type="checkbox"/> 224 Stones |
| <input type="checkbox"/> 114 Blood Pressure Units | <input type="checkbox"/> 154 Graft and Regeneration Materials | <input type="checkbox"/> 192 Periodontal Materials | <input type="checkbox"/> 225 Surgical Supplies |
| <input type="checkbox"/> 115 Bookkeeping Systems | <input type="checkbox"/> 155 Handpieces, Operating and Laboratory | <input type="checkbox"/> 193 Personnel and Recruiting Services | <input type="checkbox"/> 226 Sutures |
| <input type="checkbox"/> 116 Books, Journals, Publications | <input type="checkbox"/> 156 Hygiene Kits | <input type="checkbox"/> 194 Pharmaceuticals | <input type="checkbox"/> 227 Syringes |
| <input type="checkbox"/> 117 Burs, Stones, Points and Blocks | <input type="checkbox"/> 157 Implant Systems and Devices | <input type="checkbox"/> 195 Photographic Equipment and Supplies | <input type="checkbox"/> 228 TMJ Diagnostic Supplies |
| <input type="checkbox"/> 118 Business and Patient Record Forms | <input type="checkbox"/> 158 Impression Materials | <input type="checkbox"/> 196 Plaque Control Products and Accessories | <input type="checkbox"/> 229 Toothbrushes, Hand |
| <input type="checkbox"/> 119 Cardiac Monitoring Equipment | <input type="checkbox"/> 159 Impression Systems | <input type="checkbox"/> 197 Polishes | <input type="checkbox"/> 230 Toothbrushes, Power |
| <input type="checkbox"/> 120 Cements | <input type="checkbox"/> 160 Infection Control Products | <input type="checkbox"/> 198 Porcelain | <input type="checkbox"/> 231 Trays and Accessories |
| <input type="checkbox"/> 121 Cheek Retractors | <input type="checkbox"/> 161 Instruments, General | <input type="checkbox"/> 199 Practice Marketing | <input type="checkbox"/> 232 Trays, Impression |
| <input type="checkbox"/> 122 Cleaners, Ultrasonic | <input type="checkbox"/> 162 Instruments, Surgical | <input type="checkbox"/> 200 Practice Management | <input type="checkbox"/> 233 Tubing and Accessories |
| <input type="checkbox"/> 123 Composite Instruments and Accessories | <input type="checkbox"/> 163 Insurance | <input type="checkbox"/> 201 Preventative Dental Products | <input type="checkbox"/> 234 Ultrasonic Equipment |
| <input type="checkbox"/> 124 Composites | <input type="checkbox"/> 164 Intraoral Cameras | <input type="checkbox"/> 202 Probes, Manual and Electronic | <input type="checkbox"/> 235 Ultrasonic Supplies |
| <input type="checkbox"/> 125 Compressors, Air and Accessories | <input type="checkbox"/> 165 Irrigators, Oral | <input type="checkbox"/> 203 Proply Brushes and Caps | <input type="checkbox"/> 236 Uniforms and Other Garments |
| <input type="checkbox"/> 126 Computer Hardware and Services | <input type="checkbox"/> 166 Laboratory Services | <input type="checkbox"/> 204 Proply Materials | <input type="checkbox"/> 237 Units and Accessories |
| <input type="checkbox"/> 127 Computer Imaging | <input type="checkbox"/> 167 Lasers | <input type="checkbox"/> 205 Prosthodontic Appliances, Materials and Accessories | <input type="checkbox"/> 238 Units and Components, Delivery Systems |
| <input type="checkbox"/> 128 Computer Software | <input type="checkbox"/> 168 Lights, Operating | <input type="checkbox"/> 206 Pulp Testers | <input type="checkbox"/> 239 Vacuum Formers, Splint and Coping |
| <input type="checkbox"/> 129 Cotton Products | <input type="checkbox"/> 169 Lights, Other | <input type="checkbox"/> 207 Pulse Oximeters | <input type="checkbox"/> 240 Vacuum Units and Accessories, Oral Evacuation |
| <input type="checkbox"/> 130 Crown Remover | <input type="checkbox"/> 170 Liners | <input type="checkbox"/> 208 Pumps | <input type="checkbox"/> 241 Water Filters and Distillers |
| <input type="checkbox"/> 131 Crowns | <input type="checkbox"/> 171 Loupes | <input type="checkbox"/> 209 Reamers | <input type="checkbox"/> 242 X-ray Film and Supplies |
| <input type="checkbox"/> 132 Defoggers | <input type="checkbox"/> 172 Lubricants | <input type="checkbox"/> 210 Reinforcement Materials | <input type="checkbox"/> 243 X-ray Machines and Equipment |
| <input type="checkbox"/> 133 Dentifrices | <input type="checkbox"/> 173 Magnification Equipment | <input type="checkbox"/> 211 Repair Services and Kits | <input type="checkbox"/> 244 X-ray Processors and Accessories |
| <input type="checkbox"/> 134 Denture Base, Reline and Repair Materials | <input type="checkbox"/> 174 Management and Consulting Services | <input type="checkbox"/> 212 Resins | <input type="checkbox"/> 245 Miscellaneous (Specify) |
| <input type="checkbox"/> 135 Diagnostic Equipment | <input type="checkbox"/> 175 Market Research | <input type="checkbox"/> 213 Retainers | |
| <input type="checkbox"/> 136 Diagnostic Testing | <input type="checkbox"/> 176 Matrices and Accessories | | |
| <input type="checkbox"/> 137 Diamond Points and Discs | <input type="checkbox"/> 177 Medicaments | | |
| <input type="checkbox"/> 138 Disc, Mandrels and Strips | | | |
| <input type="checkbox"/> 139 Disposable Products | | | |

For AAP Use Only

Booth #(s) assigned _____ Size _____ Contract received date _____
 Booth Cost \$ _____ Corner Cost \$ _____ Total Cost \$ _____
 Deposit Received \$ _____ Balance Due \$ _____ Accepted for AAP by _____