



The American Head & Neck Society presents
7th International Conference on Head and Neck Cancer
July 19 - 23, 2008 • San Francisco Marriott, San Francisco, California

EXHIBITOR SPACE APPLICATION

We, the undersigned, apply for technical exhibit space at the above referenced meeting to be held at the San Francisco Marriott, San Francisco, California. We accept the conditions, rules, regulations, terms, and policies printed in the Exhibitor Prospectus, which form part of this agreement.

EXHIBITOR INFORMATION: Please type this information exactly as it should appear in all official publications.

COMPANY NAME: _____

PREVIOUS COMPANY NAME (IF ANY): (FOR OFFICE REFERENCE ONLY) _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

COUNTRY: _____

TELEPHONE: ()

FAX: ()

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

CONTACT INFORMATION:

PRIOR TO MEETING CONTACT: _____

TITLE: _____

TELEPHONE: ()

EMAIL ADDRESS: _____

ON-SITE EXHIBIT MANAGER: _____

TITLE: _____

CELL PHONE: ()

EMAIL ADDRESS: _____

EXHIBIT RESERVATION: See Prospectus for layout.

Yes, please reserve _____ 8x10 linear booth(s) which includes pipe and drape, (1) 6' draped table, (2) two folding chairs, (1) one wastebasket, and a booth ID sign. For additional items please see the exhibitor kit which will be mailed April 2008.

Please list **at least three choices** by booth number(s): 1st choice _____ 2nd choice _____ 3rd choice _____

Booth Prices: (Prior to December 21, 2007)

8 x 10 linear booth: \$1,650

8 x 10 corner booth: \$1,800

Booth Prices: (After December 21, 2007)

8 x 10 linear booth: \$1,750

8 x 10 corner booth: \$1,900

PAYMENT SCHEDULE:

- One-half total booth cost **deposit** due with application
December 21, 2007. Balance due **February 29, 2008**.
- After **February 29, 2008** total booth price due with application.
- Please pay by Credit Card or US Bank check.

Total Estimated Cost of Exhibit \$ _____

Deposit (one-half total booth cost) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Check Enclosed

Credit Card Payment (AHNS accepts ONLY Visa, Mastercard and American Express)

Cardholder Name: _____

Credit Card Number: _____

Exp. Date: _____

Card Holder Signature: _____

Your signature on this application indicates that you understand and agree to comply with all the policies, rules, regulations, terms, and conditions contained in the Exhibitor's Prospectus, and will abide by the payment schedule as outlined above, and have read the rules and agree to distribute them to those involved with your booth.

Please return this form to Shelley Ginsberg, AHNS Show Management

11300 W. Olympic Blvd., Suite 600, Los Angeles, CA 90064

Phone: 310-437-0559, Ext. 111 • Fax: 310-437-0585 • E-mail: shelley@ahns.info