

Industry Product Theater Application

THE AADSM MUST RECEIVE THIS APPLICATION, FULLY COMPLETED, BY MARCH 1, 2024.



IPT INFORMATION

Title of IPT:		
Name of Company(s) Hosting IPT:		
Friday, May 17, 2024	Start Time: 1:00pm	End Time: 2:00pm
Saturday, May 18, 2024	Start Time: 1:00pm	End Time: 2:00pm
IPT Presenter Name:		
Brief Description:		

ON-SITE CONTACT INFORMATION

Primary Contact Person:	
Telephone:	Email:
My signature below verifies that I have read and understand the conditions of this application, as well as the conditions and regulations published in the "IPT Guidelines" in the Sponsorship Guide. By signing below, I am indicating my company's agreement to be bound by any and all such conditions and regulations. I accept responsibility for informing all of our employee(s), speaker(s), supporter(s), and event organizers of these conditions and for ensuring that they will abide by them also. I further understand the penalties, which may be assessed if we are in violation of these conditions. I also understand the cancellation policy for canceling our event.	
Signature:	Date:

PAYMENT INFORMATION

Please charge me the non-refundable application fee of \$7,500		
Select Payment Method: Personal Check or Money Order* or Credit Card		
Important: We will call the number provided to collect payment information.		Phone:
Billing Zip Code:	Exp. Date:	Validation Code:**
Name on Card:		Signature:
<small>* Checks and international money orders should be made payable to the AADSM. Checks will not be accepted unless they are made in U.S. funds drawn on a U.S. bank.</small>		
<small>** For VISA, MasterCard, or Discover, the validation code is the last three digits in the signature box. For an American Express, the validation code is the four numbers above the credit card number.</small>		
PLEASE SUBMIT THIS FORM TO:	AADSM Attn: Megan Scanlan 901 Warrenville Rd., Suite 180 Lisle, IL 60532	Phone: (630) 686-9875 Fax: (630) 686-9876 Email: mscanlan@aadsm.org