



**Emerging Concepts: Ordering and Administering HSAT Course
Exhibit Application**

Company Information

Company Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Please select the category(s) that best describes the products and/or services you offer. Check all that apply.

Bite Gauges and Bite Forks

PDAC-Verified Devices

Education

Practice Management

Oral Appliances

Home Sleep Apnea Tests (includes pulse oximetry)

If you selected 'Home Sleep Apnea Tests' from the list above and your company manufactures HSAT devices, does your company wish to participate in the HSAT interactive demonstrations on Sunday, December 5? (For more information, visit www.aadsm.org)

Yes, sign us up!

No, we only wish to exhibit at the course.

If you selected "yes", which HSAT device are you looking to demonstrate? _____
Acceptance to participate in the interactive demonstrations requires approval from the AADSM.

Contact Information

Contact Person Name: _____ Email: _____

For all application correspondence

On-site Representative Name: _____

If your company will be participating in the HSAT interactive demonstrations, provide the name of the representative who will be providing the demonstrations at the course here. This name can be changed up until November 19, 2021.

Additional On-site Representative (if applicable): _____

Exhibit Registration

The AADSM is also hosting a [Mastery 2](#) in-person, November 3-7, 2021 at the same hotel in New Orleans, which will include an exhibit hall. Discounted pricing is available to companies who exhibit at both courses. Pricing information is listed below. To attend the Emerging Concepts: Ordering and Administering HSAT Course as an attendee, exhibitors must register separately and pay the applicable registration fee.

Please make your selection below.

	Non-Sponsor	Platinum Sponsor (50% savings)	Gold Sponsor (30% savings)
Emerging Concepts Course ONLY	\$2,000	\$1,000	\$1,400
Emerging Concepts Course AND Mastery 2	\$3,000	\$1,500	\$2,100

Payment Information

_____ Credit Card (Visa/Master Card/American Express/Discover)

Do not submit via email if form includes credit card information.

Total: \$

Credit Card #:

Important: Only provide the credit card number on this form if you will be *faxing* it to the AADSM. If you will be emailing the form, provide a name and number below and the AADSM will call you for this information.

Name:

Phone:

Expiration Date:

Validation Code:

Cardholder's Name:

Signature:

Date:

_____ Check (U.S. dollars only) - make payable to the AADSM

Agreement/Signature

We agree to abide by the exhibit rules and regulations and any amendments thereto, all of which are indicated in the exhibition information on the AADSM website at www.aadsm.org/emerging_concepts_exhibit_info.php. We understand each company is limited to one table.

Signature: _____ Print Name: _____

Send to the AADSM National Office via mail, email or fax.

Attn: Beverly Basit

Mail: 1001 Warrenville Rd., Suite 175, Lisle, IL 60532

Email: bbasit@aadsm.org Fax: (630) 686-9876