



Exhibition Application

Company Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

On-site Representative: _____

Additional On-site Representative 1 (if applicable): _____

Additional On-site Representative 2 (if applicable): _____

Rental Fees

You can register either by Mastery Program (three consecutive weekends) at a discount or for a single weekend. Pricing for each option is listed below. To attend the AADSM Mastery Program as an attendee, exhibitors must register separately and pay the applicable registration fee.

	Exhibitor (non-sponsor)	Silver Sponsor (20%)	Gold Sponsor (25%)	Platinum Sponsor (30%)
For 3 Mastery Weekends	\$3,000	\$2,400	\$2,250	\$2,100
Per Mastery Weekend	\$1,200	\$1,080	\$1,020	\$840
For Single Session Dates*				
Per Mastery Weekend	\$750	\$600	\$575	\$525

**Select courses will be a single track, so the pricing has been discounted.*

Course Selection

Make your selection below.

Register by Mastery Program. If registering for more than one, be sure not to select dates that overlap.

February 7-9, 2020
April 17-19, 2020
July 24-26, 2020

April 17-19, 2020
July 24-26, 2020
September 11-13, 2020

September 11-13, 2020
November 6-8, 2020
February 19-21, 2021

OR

Register by weekend.

Mastery III ONLY	January 10-12, 2020
Mastery I and III	February 7-9, 2020
Mastery I and II	April 17-19, 2020
Mastery II and III	July 24-26, 2020
Mastery I and III	September 11-13-2020
Mastery II ONLY	November 6-8, 2020
Mastery III ONLY	February 19-21, 2021

Payment Information

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

Total Amount to be Charged: \$ _____

Card#: _____ Exp. Date: _____

Validation Code: _____ Cardholder's Name: _____

Signature: _____ Date: _____

_____ Check (U.S. dollars only) - make payable to the American Academy of Dental Sleep Medicine (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 document and are part of this application. We understand each company is limited to one table.

Signature: _____ Print Name: _____

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

Attn: Rose Zuniga

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

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