



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)

Contact Information

Contact Person Name: _____ Email: _____

For all application correspondence

On-site Representative Name: _____

Additional On-site Representative (if applicable): _____

Exhibit Registration

The AADSM is also hosting the [Emerging Concepts: Ordering and Administering HSAT Course](#) in-person, December 4-5, 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 Mastery 2 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)
Mastery 2 ONLY	\$2,000	\$1,000	\$1,400
Mastery 2 AND Emerging Concepts Course	\$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 https://www.aadsm.org/mastery_program_exhibit_inform.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