



Practice Management Course Exhibitor 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): _____

Exhibit Registration

Pricing is listed below. To attend the Practice Management Course as an attendee, exhibitors must register separately and pay the applicable registration fee.

| | |
|-------------------------|---------|
| Exhibitor (non-sponsor) | \$1,000 |
| Silver Sponsor (20%) | \$800 |
| Gold Sponsor (25%) | \$750 |
| Platinum Sponsor (30%) | \$700 |

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 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 aadsm.org/pmc_exhibit. 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