

Application for Exhibit Booth Space

COMPANY NAME AS IT SHOULD BE PUBLISHED

CONTACT NAME (WILL RECEIVE ALL CORRESPONDENCE)

ADDRESS (NO PO BOX ADDRESSES PLEASE)

CITY STATE ZIP/POSTAL CODE COUNTRY

TELEPHONE FAX E-MAIL

We, the undersigned, hereby apply for exhibit space at the 2010 Combined Otolaryngology Spring Meetings, subject to the rules and regulations governing the exhibition as stated in this prospectus, which we accept as part of the agreement.

If none of our booth selections are available at the time application for space is received, we agree to accept the space assigned.

BOOTH SIZE _____ (for example 8' x 10' or 8' x 20')

BOOTH PREFERENCES

Corner anywhere in the hall (if available) Inline

BOOTH SELECTION

1st _____ 2nd _____ 3rd _____ 4th _____

Companies I would not like to be placed near (*Please note: Identifying companies may make it difficult for COSM Management to assign space in accordance with your preferences.*)

COMPANY/PRODUCT DESCRIPTION (25-WORD MAXIMUM)

This information will be listed in the COSM Program Book that each attendee will receive on site.

As an authorized representative of the company named above, I have read and understand the rules and regulations outlined in the 2010 COSM Exhibit Prospectus. I understand and agree to accept and abide by those rules and regulations. The acceptance of our application by the COSM Secretaries Liaison Committee and deposit on rental charges constitute a contract.

Signature of Exhibit Manager

COSM MANAGEMENT USE ONLY

Booth Size	Booth #
Allotted Badges	
Total Cost	Deposit
Balance Due	Priority Points

TERMS OF PAYMENT

Deposit in the amount of \$1,225 per 80-sq-ft booth must accompany this application if paying by check. A discount booth price of \$2,450 is being offered to companies that pay for booth space with a check. Notification of space will be mailed January 5, 2010. Note: Companies that pay for booth space with a credit card will be charged the full \$2,550.

Full payment is due February 1, 2010. Failure to submit full payment by this date may result in cancellation of space and a penalty of 50 percent of the total cost of the space assigned. All applications received after February 1, 2010, must be received with full payment. No application will be processed without full payment after this date.

Cancellation of space by February 1, 2010, will result in a penalty of 50 percent of the total cost of the space assigned. No refunds will be granted after February 1, 2010.

RETURN APPLICATION AND DEPOSIT TO: American College of Surgeons, Attn: COSM, Laura Page, Exhibits & Meetings Coordinator, 633 N. Saint Clair St., Chicago, IL 60611-3211. Fax: 312-202-5003 (credit card charges only).

CHECK ENCLOSED: Make all checks payable to COSM. Checks must be in U.S. dollars drawn on a U.S. bank.

CHARGE THE FOLLOWING CREDIT CARD: COSM is authorized to charge the following credit card the fee of \$2,550 (\$31.88 per sq ft) per 8' x 10' space requested for 2010 COSM. A company that pays for booth space with a check will receive a discounted booth price of \$2,450.

American Express MasterCard VISA

Card Number

Expiration Date

Signature

EXHIBITS CONTACT

Laura Page ■ American College of Surgeons ■ Attn: COSM
 633 N. Saint Clair St. ■ Chicago, IL 60611-3211
 PHONE: 312-202-5034 ■ FAX: 312-202-5003
 E-MAIL: lpage@fac.org ■ WEB SITE: www.cosm.md

BOOTH FEES: Each 8'x10' space is \$2,550 (\$31.88 per sq ft)

The discounted price for companies that pay for booth space with a check is \$2,450.

Exhibit Hall Floor Layout

