
Application/Contract for Exhibit Space

2009 Annual Meeting • Miami Beach, FL
Exhibition Dates: November 7-9, 2009

The American College of Allergy, Asthma & Immunology
85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460

Space will be assigned on a priority point system basis upon receipt by ACAAI of a completed and signed application and a 50% deposit received before June 12. Balance due on or before July 17, 2009. 100% of the total cost of exhibit space is required with completed application and signed agreement submitted after July 17, 2009. The application and signed agreement, when accompanied by the required deposit, and when countersigned by ACAAI, shall become a binding contract in accordance with the terms of the agreement and all Rules & Regulations. Upon assignment of exhibit space, a copy will be returned with space assignment and balance due. Final payment is due by July 17, 2009. On August 31, 2009 and thereafter, an Exhibitor cancelling assigned exhibit space(s) shall be responsible for payment of the full booth rental fee for such assigned space(s).

PLEASE PRINT OR TYPE

Exhibitor Information for Listing in Convention Program:

Company Name: _____ Website: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Contact Name: _____ Title: _____

Contact to Whom Exhibit-Related Correspondence Should be Sent:

Contact Name: _____ Email: _____
Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

The undersigned applicant hereby applies for exhibit space at the 2009 ACAAI Annual Meeting and requests the following exhibit space(s) in order of preference. (Refer to the Official Floor Plan for exhibit space and booth numbers - inside back cover)

Space requested (indicate booth choices in order of preferences as selected from the floor plan.)

1st choice #	at \$	3rd choice #	at \$	5th choice #	at \$
2nd choice #	at \$	4th choice #	at \$	6th choice #	at \$

*We wish to avoid having our exhibit located adjacent to or opposite from the following company(s):

* Booth assignments are made on a priority point system on applications received by June 12, 2009. ACAAI cannot guarantee that you will not be placed next to the firms listed above.

Please list category of products or services that best describe what you will be displaying

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Allergenic Extracts | <input type="checkbox"/> Diagnostic Testing | <input type="checkbox"/> Market Research | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Clinical Research Organizations | <input type="checkbox"/> Dietary Products | <input type="checkbox"/> Office Management | <input type="checkbox"/> Spirometry |
| <input type="checkbox"/> Computer Hardware/Software | <input type="checkbox"/> Environmental Products | <input type="checkbox"/> Patient/Public Education | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Diagnostic Equipment | <input type="checkbox"/> Equipment/Supplies | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Websites |
| | <input type="checkbox"/> Health/Body Care | <input type="checkbox"/> Physician Education | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Immunotherapy | <input type="checkbox"/> Physician Recruitment | |

Application/Contract for Exhibit Space

Booth Size	Total Cost	Total Deposit
10'x 10' (in-line)	\$3,100	\$1,550
10'x 10' (corner)	\$3,400	\$1,700
Island Booths (20 x 20; 20x 30 etc.)	\$39/sq ft	
Island Booths Larger than 20' (30' x 30', 30' x 40', etc.)	\$42/sq ft	

Method and Payment Schedule

50% deposit of total booth price and contract due for assignment of space. (check or credit card).

50% balance due by **July 17, 2009**. 100% of total booth price with contract submitted after **July 17, 2009**

Credit Card # _____ (Visa, Master Card, American Express) Security Code _____

Expiration Date: _____ Name on Card: _____

Signature: _____ Amount: _____

A description of products or services must be completed for publication in the program. (**Must be received by July 17.**)

Note: Companies that have not exhibited at an ACAAI Annual Meeting must also submit product brochures and a photograph or sketch of the exhibit.

This agreement shall not be binding unless it is signed by an authorized representative of the applicant's firm and is accepted by ACAAI with the signature of ACAAI's Exhibit Manager.

Company Name: _____

Applicant's Signature: _____

Type or Print Name: _____

Title: _____ Date: _____

I hereby certify that I have read and will abide by the precepts of the ACAAI Exhibitors' Prospectus Guidelines, Rules & Regulations. Date: _____ Signature of Applicant _____

To guarantee exhibit space at the ACAAI Annual Meeting, the required deposit must be forwarded to ACAAI with the signed application and agreement. Make check payable to ACAAI and mail to:

Dianne K. Kubis, Exhibit Manager
American College of Allergy, Asthma & Immunology
85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460
Phone: (847) 427-1200 FAX: (847) 427-1294

To be Completed by ACAAI Convention Management:

Space No.(s) Assigned: _____ Total charged for assigned space: \$ _____

Date Received: _____ Check No.: _____ Dated: _____ Amount Received: \$ _____

Balance Remaining: \$ _____ **Balance Due on or Before July 17, 2009**

Date Received: _____ Check No.: _____ Dated: _____ Amount Received: \$ _____

ACCEPTED FOR ACAAI: Signature: _____ Date: _____

Application Checklist:

- Have you... Signed the Application? Completed the Product/Service Description
 Included the 50% deposit for each 10' x 10' space
(made payable to American College of Allergy, Asthma & Immunology) or (ACAAI)

Please Complete Reverse Side

Event Sponsorship Application

Select a sole or partial sponsorship option from the list below (additional sponsorship opportunities are available that have not been listed). Or call us to talk about your own creative ideas! There is an opportunity for every company's budget. Sponsorship costs vary depending on the event or service. Sponsorship commitments are subject to final approval by ACAAI. **NOTE: 2008 sponsors have the right of first refusal to repeat their sponsorship in 2009.** Review the following list and if you find a sponsorship opportunity that interests you, just fill out the form on the reverse side and mail or FAX it to Linda Cullison, Director of Development.

SPONSORSHIP OPPORTUNITIES

Lectureships

- Jaros
- Bela Schick
- Berman
- Goodman
- Living Lectureship
- McGovern

Publications

- Preliminary Program
- Convention Syllabus (CD Rom)
- Convention Abstract Book

FITS & Training Directors

- Welcome Reception for FITs
- FIT Travel Grants (\$1,000 each)
- Support of FIT Training Program

Scientific Programs

- Committee Breakfasts
- All Concurrent Sessions
 - Sunday
 - Monday
- Pharmaceutical Symposia

Workshops

- Topics available from ACAAI Office

Social Events

- Welcome Reception
- President's Private Dinner
- Past Presidents' Breakfast

Luncheon Snacks in Exhibit Area

- Saturday Snack Luncheon
- Sunday Snack Luncheon
- Monday Snack Luncheon

Registration Materials

- Note Pads and Pens

Fundraising Benefit

This is a benefit on Sunday evening, Nov. 8. Health care companies are invited to help underwrite the cost of the affair with unrestricted grants. Net proceeds will support asthma camps for inner-city children, young faculty support awards and scholars return programs.

Co-Sponsorship: \$30,000 Tables: \$10,000

Poster Reproductions

- Posters reproduced on 11" x 17" paper (with your ad on the back of each poster reproduction) for distribution to MDs in 3-ring binder
- CD-ROM of Poster Session

(continued)

Event Sponsorship Application

Doctors' Job Fair

Saturday

Media Awards

Convention Website

Meeting Planner

ACAAI Alliance Events

Speaker at Business Meeting

Printing of "Pocket Pal"

Gold Headed Cane Reception

Allied Health Professionals' Program

Scientific Program

Continental Breakfast on Saturday

Continental Breakfast on Sunday

Luncheon on Saturday

Wine & Cheese Reception

Advanced Practitioners

Scientific Program

Luncheon for Advanced Practitioners

Office Administrators Program

Scientific Program

Luncheon for Office Administrators

MARKETING OPPORTUNITIES

Internet Café

Daily Schedule Board

Shuttle Bus Transportation

Gobo Lasers

**Branded Amenities
in the Hotel Room**

Belly Wrap on Daily Newspaper

ACAAI Foundation Honor Board

Post-It Flags

Event Sponsorship Form

Please complete the following information:

Name: _____

Title: _____

Company Name: _____

Address: _____

City,State,Zip: _____

Phone: _____

Fax: _____

Email: _____

Return to: Linda Cullison, Director of Development

ACAAI

85 W. Algonquin Road, Suite 550

Arlington Heights, IL 60005-4460

Phone: (847) 427-1200

Fax: (847) 427-1294

Email: lindacullison@acaii.org

Hospitality Suites Form

2009 ACAAI Annual Meeting

Exhibitors are required to inform ACAAI of a hospitality function. Submit this form to ACAAI NO LATER THAN **September 14, 2009**. You will then be contacted by the Hotel for your requirements.

Exhibiting Company: _____

Contact Person: _____ Email: _____

Phone: _____ Fax: _____

HOSPITALITY SUITE:

Description: _____

Location: (i.e. name of hotel, restaurant, etc.) _____

Date(s): _____

Proposed Entertainment: _____

If event is planned outside of hotel, will the exhibiting company be providing transportation for attendees?
Please indicate type of transportation to be utilized:

I/we have read the Guidelines for Hospitality Suite Functions outlined in the 2009 Invitation to Exhibit (page 2), and agree to abide by all ACAAI and hold harmless the ACAAI from and against any and all liability and claims and demands which may arise from or be asserted in connection with the foregoing undertakings and responsibilities.

In the event ACAAI approves your application, by signing below, you agree not to use the ACAAI or Annual Meeting names and logos in the organization or promotion of this function. By approving your application, ACAAI is not endorsing or sanctioning your function, and no such relationship should be inferred by you or implied to your participants.

Signature of Exhibitor: _____ Date: _____

Return form to: American College of Allergy, Asthma & Immunology
85 W. Algonquin Road, Suite 550
Arlington Heights, IL 60005-4460
ATTN: Gina Seegers, Director of Meetings & Conventions
Phone: (847) 427-1200 • Fax: (847) 427-1294
Email: ginaseegers@acaaai.org

Request for Function Space

2009 ACAAI Annual Meeting • Nov. 5-10, 2009 • Miami Beach, FL

Exhibition Dates: November 7-9, 2009

DEADLINE FOR RECEIPT: September 14, 2009

(Company Sales Meetings or ACAAI-Approved Activities ONLY, Not Industry-Sponsored Hospitality Suites or Functions)

Please complete ONE request for each function room requested.

Function Name: _____ Email: _____

Contact: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ or: (800) _____ FAX: () _____

Function Type

Sales Meeting Business Meeting Other Activity (to be approved by ACAAI)

Attendance

Company Personnel Physician/Company Other Number Attending _____

Function Day/Date: _____ Time: _____ am/pm until _____ am/pm _____

Function Day/Date: _____ Time: _____ am/pm until _____ am/pm _____

Room Needed Early for Special Set-up No Yes Time: _____

Setup Desired

Conference Hollow Square U-Shaped
 Theater Schoolroom Rounds
 Diagram Attached Cocktail Tables Other

Additional Specifications (Check all that apply)

Using Audio visuals Elevated Stage for Lectern/Head Table of _____
 Standing Lectern Only Other _____

Authorized Signature: _____ Date: _____

ACAAI Use Only

Date: _____ Time: _____ Room: _____ Facility: _____

Return form to:

American College of Allergy, Asthma & Immunology
85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460
ATTN: Gina Seegers, Director of Meetings & Conventions
Phone: (847) 427-1200 • Fax: (847) 427-1294 • Email: ginaseegers@acaaai.org

Alliance of ACAAI & the Foundation of ACAAI 2009 Silent Auction

**In conjunction with
ACAAI's 2009 Annual Meeting
November 5-10, 2009, Miami Beach, FL
Donation Form**

Yes, we are interested in donating an item(s) or gift certificate(s) to the Alliance of ACAAI and the Foundation of ACAAI's Silent Auction which will be held November 5-8, 2009, during the ACAAI Annual Meeting in Miami Beach, FL.

Donations to the Silent Auction will be credited toward your pledge to the ACAAI Foundation.

No, we are not interested donating any items or gift certificates.

If "yes," please enclose the following items for promotional purposes:

- A brief description of the item
- The monetary value of the item (US \$)
- Relevant promotional literature (including pictures)

Auction Item(s): _____

Description(s): (Attached typed page if necessary): _____

Please type or print:

Contact Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-Mail: _____

Please complete this form and return to Mike Slawny prior to October 10, 2009.

Foundation of ACAAI
85 W. Algonquin Rd. Suite 550
Arlington Heights, IL 60005-4460
Phone: (847) 427-1200
Fax: (847) 427-1294