

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

90th Annual Meeting Exhibition of the American Academy of Periodontology Walt Disney World Swan and Dolphin Hotels • Orlando, Florida • November 14-16, 2004

Return contract to:

The American Academy of Periodontology
737 N. Michigan Avenue, Suite 800
Chicago, Illinois 60611-2690

For AAP Use Only

I.D.# _____
Priority # _____

Payment Schedule: 100% due for booth space not reserved by November 3, 2003. 50% deposit due for booth space reserved before November 3, 2003. The balance will be due by June 30, 2004.

Booth Assignment: Booth assignments for this meeting took place on September 22, 2003. All other booths were or will be assigned on a first-come, first-serve basis.

The undersigned (hereafter called the Exhibitor) hereby applies for space in the 2004 American Academy of Periodontology Annual Meeting Exhibition scheduled to be held at Walt Disney World Swan & Dolphin Hotels, Orlando, Florida November 14-16, 2004. The Exhibitor understands that this application must be accompanied by the appropriate payment due. It becomes a valid contract when The American Academy of Periodontology returns a signed acceptance copy. The Exhibitor understands that the assigned space in Pacific Hall will be charged the rate of \$22.50 per square foot (\$2,250 for each 10'x10' booth) with an additional \$150 charge for each corner and space in Atlantic Hall will be charged at the rate of \$18.50 per square foot (\$1,850 for each 10'x10' booth) with an additional \$150 charge for each corner. The Exhibitor hereby acknowledges receipt of and agrees to abide by the Exhibitor Regulations as printed and enclosed with the 2004 AAP Annual Meeting Exhibitor Prospectus which are made a part of this contract by reference and fully incorporated herein, and to all conditions under which exhibit space at Walt Disney World Swan and Hotels is leased to The American Academy of Periodontology.

Please Type or Print Clearly (Note: Name and address of company will be published EXACTLY as indicated below. Please do not abbreviate

Company		
Street Address		
City/State	Zip	Country (other than USA)
Phone	Fax	
Web site address		

Information listed below is for Sponsor information only and will not be published. Send all Exhibition information to:

Contact Name	
Phone	Fax
E-mail address **	

** Important as all Exhibitor bulletins and important updates will be sent via e-mail.

If you have submitted a P.O. Box, please list a mailing address, as the Exhibitor Service Manual cannot be sent to a P.O. Box. Exhibitor has read and understands the 2004 AAP Annual Meeting Rules and Regulations and agrees to abide by all of their terms. Exhibitor understands that the AAP is under no obligation to accept this application. Exhibitor further understands that the AAP will accept an application only if, in its sole judgment, it believes the Exhibitor will comply with these Regulations, and if there is adequate space. Exhibitor assumes the entire responsibility and liability for all claims, losses, and damages to persons or property, governmental charges or fines, attorney's fees, and other costs caused by or in any manner arising out of or associated with Exhibitor's installation, maintenance, removal, occupancy, or use of the exhibit space or any part thereof, and Exhibitor agrees to protect, indemnify, defend and hold harmless the American Academy of Periodontology, Walt Disney World Swan and Dolphin, and their respective owners, officers, directors, members, employees, and agents against such claims, losses, and damages. In addition, Exhibitor acknowledges that neither The American Academy of Periodontology nor the Walt Disney World Swan and Dolphin Hotels maintains insurance covering Exhibitor's displays, equipment or other property, or covering Exhibitors' employees or agents, and that it is the sole responsibility of Exhibitor to obtain appropriate liability, property damage, and business interruption insurance covering such losses.

Authorized Signature	
Printed Name	
Title	Date

- Yes No Check here if you are a new exhibitor to the AAP
- Yes No Check here if you can export your products outside of the USA

NOTE: SUBMITTED CONTRACTS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING

- 50% deposit due by February 16, 2004
- Authorized Signature/Address Information
- Completion of Section B (Reverse Side)
- Certificate of Insurance

Booth Request

_____ Booth size requested (each unit is 10' x 10'):

Yes No Corner requested
Corners are charged at the rate of \$150 per corner

Yes No Peninsula booth requested:

Yes No Island booth requested:

The Exhibitor prefers the following booth numbers: (please complete all 9 selections)

- 1st choice _____ 6th choice _____
- 2nd choice _____ 7th choice _____
- 3rd choice _____ 8th choice _____
- 4th choice _____ 9th choice _____
- 5th choice _____

Exhibitor does not wish to be in immediate proximity of the following companies:

(The Sponsor will attempt to adhere Exhibitor's request, but cannot guarantee the above)

Note any special circumstances you wish to be considered when space is assigned:

Please list the names of companies for which you are distributing products:

Payment

- Payment Amount _____
 - Check # _____
(payable to the American Academy of Periodontology)
 - VISA MasterCard
- _____ Initial here to authorize credit card payment for deposit and balance due (if applicable)

Credit Card #
Expires
Authorized Signature
Printed Name

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Product Category Index - Check each item you that will have on display at the Annual Meeting

- 100 Abrasives
- 101 Absorbents
- 102 Acrylics
- 103 Alginates
- 104 Amalgams and Accessories
- 105 Analgesia Equipment and Accessories
- 106 Anesthesia Equipment and Accessories
- 107 Anesthetics
- 108 Aprons, Lead
- 109 Articulating Paper, Film and Ribbon
- 110 Articulators
- 111 Aseptic Water Systems
- 112 Audiovisual and Patient Education Products
- 113 Autoclaves, Sterilizers and Accessories
- 114 Blood Pressure Units
- 115 Bookkeeping Systems
- 116 Books, Journals, Publications
- 117 Burs, Stones, Points and Blocks
- 118 Business and Patient Record Forms
- 119 Cardiac Monitoring Equipment
- 120 Cements
- 121 Cheek Retractors
- 122 Cleaners, Ultrasonic
- 123 Composite Instruments and Accessories
- 124 Composites
- 125 Compressors, Air and Accessories
- 126 Computer Hardware and Services
- 127 Computer Imaging
- 128 Computer Software
- 129 Cotton Products
- 130 Crown Remover
- 131 Crowns
- 132 Defoggers
- 133 Dentifrices
- 134 Denture Base, Reline and Repair Materials
- 135 Diagnostic Equipment
- 136 Diagnostic Testing
- 137 Diamond Points and Discs
- 138 Disc, Mandrels and Strips
- 139 Disposable Products
- 140 Electrosurgical Equipment
- 141 Elevators
- 142 Emergency Equipment
- 143 Emergency Kits
- 144 Endodontic Instruments and Materials
- 145 Eugenols
- 146 Evacuators and Evacuator Systems
- 147 Eyeware, Protective
- 148 Face Masks and Shields
- 149 Financial Programs
- 150 Floss Products
- 151 Fluoride Products
- 152 Furniture and Accessories
- 153 Gloves
- 154 Graft and Regeneration Materials
- 155 Handpieces, Operating and Laboratory
- 156 Hygiene Kits
- 157 Implant Systems and Devices
- 158 Impression Materials
- 159 Impression Systems
- 160 Infection Control Products
- 161 Instruments, General
- 162 Instruments, Surgical
- 163 Insurance
- 164 Intraoral Cameras
- 165 Irrigators, Oral
- 166 Laboratory Services
- 167 Lasers
- 168 Lights, Operating
- 169 Lights, Other
- 170 Liners
- 171 Loupes
- 172 Lubricants
- 173 Magnification Equipment
- 174 Management and Consulting Services
- 175 Market Research
- 176 Matrices and Accessories
- 177 Medicaments
- 178 Microscopes
- 179 Mirrors
- 180 Models, Demonstrations
- 181 Mouthprops
- 182 Mouthwashes and Rinses
- 183 Needles
- 184 Office Decor
- 185 Office Design/Space Planning Services
- 186 Operating Room Equipment and Supplies
- 187 Orthodontic Appliances, Materials and Accessories
- 188 Oxygen Equipment
- 189 Pads, Mixing
- 190 Paper Products
- 191 Periodontal Materials
- 192 Personnel and Recruiting Services
- 193 Pharmaceuticals
- 194 Photographic Equipment and Supplies
- 195 Plaque Control Products and Accessories
- 196 Polishes
- 197 Porcelain
- 198 Preventative Dental Products
- 199 Probes, Manual and Electronic
- 200 Prophy Brushes and Caps
- 201 Prophy Materials
- 202 Prosthodontic Appliances, Materials and Accessories
- 203 Pulp Testers
- 204 Pulse Oximeters
- 205 Pumps
- 206 Reamers
- 207 Reinforcement Materials
- 208 Repair Services and Kits
- 209 Resins
- 210 Retainers
- 211 Retraction Materials
- 212 Rubber Dam and Accessories
- 213 Saliva Ejectors
- 214 Scalers
- 215 Scalers, Ultrasonic
- 216 Scavenger Products and Accessories
- 217 Sharpeners, Instrument
- 218 Silicates
- 219 Soaps, Lotions, Cleansers
- 220 Solutions
- 221 Solutions, Sterilizing
- 222 Splinting Materials
- 223 Sterilizing Equipment and Accessories
- 224 Stones
- 225 Surgical Supplies
- 226 Sutures
- 227 Syringes
- 228 TMJ Diagnostic Supplies
- 229 Toothbrushes, Hand
- 230 Toothbrushes, Power
- 231 Trays and Accessories
- 232 Trays, Impression
- 233 Tubing and Accessories
- 234 Ultrasonic Equipment
- 235 Ultrasonic Supplies
- 236 Uniforms and Other Garments
- 237 Units and Accessories
- 238 Units and Components, Delivery Systems
- 239 Vacuum Formers, Splint and Coping
- 240 Vacuum Units and Accessories, Oral Evacuation
- 241 Water Filters and Distillers
- 242 X-ray Film and Supplies
- 243 X-ray Machines and Equipment
- 244 X-ray Processors and Accessories
- 245 Miscellaneous (Specify)

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Booth #(s) assigned _____ Size _____ Contract received date _____

Booth Cost \$ _____ Corner Cost \$ _____ Total Cost \$ _____

Deposit Received \$ _____ Balance Due \$ _____ Accepted for AAP by _____