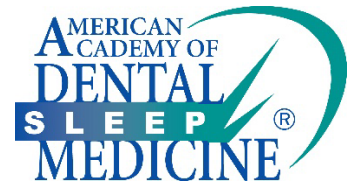


# Exhibitor Meeting Request Application

THE AADSM MUST RECEIVE THIS APPLICATION, FULLY COMPLETED BY MAY 2, 2025.



Thank you for your interest in securing hotel meeting space during the 2025 AADSM Annual Meeting. Only companies who have submitted an application with payment for an exhibit booth at the meeting may submit this application.

Applications are accepted between January 13 and May 2, 2025. If you are requesting space for more than one meeting, please submit one application for each meeting being requested. Once your application is approved and processed, you will receive an email with contact information for the Westgate Las Vegas Resort & Casino. You are encouraged to work directly with the hotel to make the final plans for your event. Any costs incurred with your event (i.e., food and beverage, audio-visual, rental fee) will be billed directly to you by the hotel. The AADSM reserves the right to reject any application.

## MEETING SPACE SPONSORSHIP FEES

Please make your selection below. Pricing is based per meeting, per day. For example, to host a half-day meeting Friday-Sunday, the total sponsorship fee is \$1,500.

	1-2 Hour Meeting	\$100
	Half-Day Meeting (3-5 Hours)	\$500
	Full-Day Meeting (6+ Hours)	\$750

*This fee is waived for Elite exhibitors.*

## CONTACT INFORMATION

Company Name:	
Primary Contact Person:	
Telephone:	Email:

## MEETING INFORMATION

Title of Meeting:	
Attendees:	Internal (Company Reps Only) External (Includes AADSM Annual Meeting Attendees)
Purpose of the Meeting: (50-word maximum)	
Desired Date(s) of Meeting:	Desired Time(s) of Meeting:
Estimated Total Attendance:	Estimated Number of Annual Meeting Attendees:
Food, Beverage, and Audio-Visual Requirements: (50-word maximum)	

Additional Information/Comments: (50-word maximum)

## PAYMENT INFORMATION

I agree to pay the non-refundable sponsorship fee of \$

### Select payment method:

Personal Check or Money Order\*

Credit Card

**Important:** We will call the number provided to collect payment information.

**Phone:**

Credit Card: (Check One)

Visa

American Express

MasterCard

Discover

Exp. Date:

Validation Code\*\*:

Billing Address:

Name on Card:

Signature:

\* Checks and international money orders should be made payable to the AADSM. Checks will not be accepted unless they are made in U.S. funds drawn

\*\* For VISA, Discover or MasterCard, the validation code is the last three digits in the signature box. For an American Express, the validation code is the four numbers above the credit card number.

**PLEASE SUBMIT THIS  
FORM TO:**

AADSM  
Attn: Megan Scanlan  
901 Warrenville Rd., Suite 180  
Lisle, IL 60532

**Phone:** (630) 686-9874  
**Fax:** (630) 686-9876  
**Email:** mscanlan@aadsm.org