



Exhibition 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): _____

Rental Fees

You can register either by Mastery Program (three consecutive weekends) at a discount or for a single weekend. Pricing for each option is listed below. To attend the AADSM Mastery Program as an attendee, exhibitors must register separately and pay the applicable registration fee.

	Exhibitor (non-sponsor)	Silver Sponsor (20%)	Gold Sponsor (25%)	Platinum Sponsor (30%)
For 3 Mastery Weekends	\$3,000	\$2,400	\$2,250	\$2,100
Per Mastery Weekend	\$1,200	\$1,080	\$1,020	\$840

Course Selection

Make your selection below.

Register by Mastery Program. If registering for more than one, be sure not to select dates that overlap.

	April 12-14, 2019
	September 13-15, 2019
	November 8-10, 2019

	September 13-15, 2019
	November 8-10, 2019
	February 7-9, 2020

	July 12-14, 2019
	October 11-13, 2019
	January 10-12, 2020

OR

Register by weekend.

Mastery III and Mastery I		April 12-14, 2019
Mastery I ONLY		July 12-14, 2019
Mastery I and Mastery II		September 13-15, 2019
Mastery II ONLY		October 11-13, 2019
Mastery II and Mastery III		November 8-10, 2019
Mastery III ONLY		January 10-12, 2020
Mastery III ONLY		February 7-9, 2020

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 American Academy of Dental Sleep Medicine (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 document and are part of this application. We understand each company is limited to one table.

Signature: _____ Print Name: _____

Send to the AADSM National Office via mail, email or fax.

Attn: Randi Prince

Mail: 1001 Warrenville Rd., Suite 175 ♦ Lisle, IL 60532

Email: rprince@aadsm.org ♦ Fax: (630) 686-9876