

Exhibit Information

Contact Person			Title
Company			
Business Address			
City	State/Province	Country	Zip Code
Business Telephone		Fax Number	
Email Address		Website	

I have read and agree to the AHS exhibitor terms, conditions, and rules and regulations.

ADDITIONAL OPPORTUNITIES

- Yes, my company is interested in corporate support.
- Yes, my company is interested in a Satellite Symposium.
- Yes, my company is interested in a Product Theater.

BOOTH SELECTIONS

Scottsdale Headache Symposium® - November 15-18, 2018

of 10' x 10' spaces requested _____

Our booth location choices are: 1. _____ 2. _____ 3. _____

PAYMENT INFORMATION

Booths are assigned and confirmed when full payment and complete application/contract are received. Full payment is due on or before Friday, October 1, 2018.

Scottsdale Headache Symposium® - November 15-18, 2018

- \$ _____ \$5,000.00 for each 10'x10' booth space
- \$ _____ \$3,500.00 for each Publisher's 10'x10' booth space
- \$ _____ \$2,000.00 for each Non-profit 10'x10' booth space

Check Payment: Please make check(s) payable in U.S. funds to:

The American Headache Society®

Send check with completed application/contract to:

American Headache Society
Exhibit Division
19 Mantua Road
Mt. Royal, NJ 08061

Credit Card Payment:

Amount: _____

Authorized Signature: _____

Name on card (print): _____

- Visa
- MasterCard
- American Express

Account No. _____ Exp. Date: ____/____/____

BOOTH SELECTIONS (CONT.)

Show Management reserves the right to alter the floor plans and/or reassign any exhibit location if deemed necessary for the good of the show.

We prefer that our exhibit not be located next to the following companies:

We prefer that our exhibit be located next to the following companies:

Rules and regulations contained within this Exhibitor Prospectus, on the adjacent side of this agreement, and within the Exhibitor Service manual, are integral parts of this agreement. It is understood by the undersigned that the Scottsdale Headache Symposium® rules and regulations govern all exhibit activities.

It is also understood that the undersigned is an authorized agent of the above listed company and authorized by the company to contract for exhibit space at the Scottsdale Headache Symposium® as indicated above and has carefully read, understands, and accepts the Terms and Conditions, and Rules and Regulations of the Exhibit Space Agreement.

SIGNATURE

PRINT NAME

TITLE

DATE

Please address all communications regarding exhibits to:

Cheryl Gallagher
AHS Director of Operations and Meetings
19 Mantua Road, Mt. Royal, NJ 08061
Tel: 856-423-0043 FAX: 856-423-0082
Email: cgallagher@talley.com