Application to Exhibit

Returning Exhibitor: ❑ YES ❑ NO *If yes, please indicate which year(s):* ❑ 2012 ❑ 2011 ❑ 2010 ❑ 2009

ORGANIZATION

ADDRESS CITY/STATE/ZIP

PRIMARY CONTACT NAME TITLE PHONE E-MAIL

MEETING ATTENDEE NAME TITLE PHONE E-MAIL

Organization Type	Booth Type Check One	Early Bird Until January 13, 2013		Regular Fee After January 13, 2013
		Booth Options	***Cost***	***Cost***
Corporate, Commercial, Company, Hospital	❑	10' x 10' Prime	$2,500	$2,800
		10' x 10'	$2,200	$2,500
Government Agency, Non-profit*	❑	10' x 10' Prime	$2,500	$2,800
		8' x 10'	$1,500	$1,700
Tabletop Exhibit**	❑	6' skirted table	$ 900	$900
ACNM Affiliate, ACME-accredited Midwifery Education Program	❑	8' x 10' only or tabletop	$500	$700

** [501(c)3 or 501(c)6]. Proof of non-profit status is required; attach copy of incorporation papers. **Tabletop exhibits are reserved for companies with five or fewer people and in business for five or less years. Included in fee is a 6-foot draped and skirted table, two chairs, one wastebasket, backwall drape (8' in height), sidewall drape (3' in height) and one company sign, 7" x 44". NOTE: 3' side rails are not provided for tabletops. Carpeting is required for all 8' x 10' and 10' x 10' booths.*

Booth Selection: Review the interactive online Exhibit Hall floor plan at ***http://bit.ly/VDH5bf*** and select three booth locations. Booth assignments will be made based on priority point criteria for on-site sales in Long Beach. After the meeting, assignments are made on a first come, first serve basis.

Please list your preferred booth choices here: 1st _____ 2nd _____ 3rd _____

Preferred Booth Orientation: ❑ Corner ❑ Inline ❑ Island

Number of 10'x10' Booths : _____ x $ _____ per booth = $ _____ Total Booth Cost

Payment Type: ❑ Check ❑ Visa ❑ MasterCard ❑ Bill to Purchase Order #_____

Amount Enclosed: 50% Deposit $ _____ or Total Booth Cost $ _____

CREDIT CARD NUMBER EXPIRATION DATE SECURITY CODE (BACK OF CARD)

CARDHOLDER'S NAME CARDHOLDER'S SIGNATURE

A 50% non-refundable deposit must be received with the application. Final balance is due within 30 days. All booths must be paid in full by March 9, 2013. No refunds will be given for space cancelled after this date. After March 9, 2013, all new booth applications must be paid in full. See cancellation clause in Exhibit Guidelines for more information. Please copy for your records. ***Return original and deposit in check form to ACNM Annual Meeting & Exhibition, Lock Box P.O. Box 758898, Baltimore, MD 21275-8896. For credit card payment, please send to the lock box address, fax to 240.485.1818 or email to schavan@acnm.org.***

The undersigned agrees to all the policies set forth in the Exhibitor Prospectus and hereby authorizes the American College of Nurse-Midwives (ACNM) to reserve exhibit space at the Long Beach Convention & Entertainment Center. The undersigned also agrees to pay a 50% non-refundable deposit of the total cost of booth space at time of submission of application.

SIGNATURE DATE