

# Application to Exhibit

To expedite your contract, please register electronically at <http://bit.ly/ACNM2016-ExhibitBoothRequest>. To view the Exhibit Hall Floor Plan at this link, select your Organization Type, then scroll down and click the blue "View Floor Plan" button at the bottom of the page.

**Returning Exhibitor:** ☐ YES ☐ NO *If yes, please indicate which year(s):* ☐ 2015 ☐ 2014 ☐ 2013 ☐ 2012 ☐ 2011 ☐ 2010 ☐ 2009

ORGANIZATION

ADDRESS

CITY/STATE/ZIP

NAME OF PRIMARY CONTACT TO MAKE BOOTH  
ARRANGEMENTS AND RECEIVE CONFIRMATION

TITLE

PHONE

E-MAIL

NAME OF CONTACT TO APPEAR IN PROGRAM LISTING

TITLE

PHONE

E-MAIL

Organization Type	Booth Type Check One	Early Bird Until July 15, 2015		Advance Rate July 16, 2015 thru March 3, 2016	Regular Fee After March 3, 2016
		Booth Options	Cost	Cost	Cost
Corporate, Commercial, Company, Hospital	<input type="checkbox"/>	10' x 10' Prime	\$2,500	\$2,600	\$2,900
		10' x 10'	\$2,200	\$2,300	\$2,600
Government Agency, Non-profit*	<input type="checkbox"/>	10' x 10'	\$2,200	\$2,300	\$2,600
		8' x 10'	\$1,500	\$1,600	\$1,800
Tabletop Exhibit**	<input type="checkbox"/>	6' skirted table	\$900	\$1,000	\$1,200
ACNM Affiliate, ACME-accredited Midwifery Education Program	<input type="checkbox"/>	8' x 10' only or tabletop	\$600	\$700	\$900

\* [501(c)3 or 501(c)6]. Proof of non-profit status is required; please attach copy of incorporation papers. \*\*Tabletop exhibits are reserved for companies with five or fewer people and in business for five or less years. All booths/tabletops include a 6-foot draped and skirted table, two chairs, one wastebasket, backwall (8' in height), sidewall (3' in height) and one company sign, 7" x 44". NOTE: 3' side rails are not provided for tabletops. Booths and Tabletops must be carpeted at the exhibitor's expense.

**Number of Booths:** \_\_\_\_\_ x \$ \_\_\_\_\_ per booth = \$ \_\_\_\_\_ Total Booth Cost

**Booth Selection:** Following the booth selection process offered onsite during the 2015 meeting, booth assignments are made on a first come, first serve basis. Follow the instructions provided at <http://bit.ly/ACNM2016-ExhibitBoothRequest> to register online. If registering using this form, select your organization type at this link, click "View Floor Plan" button to review available booth locations, and enter your three preferred booths below.

**Preferred Booth Choices:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ **Preferred Booth Orientation:** ☐ Corner ☐ Inline ☐ Island

**Payment Type:** ☐ Check ☐ Visa ☐ MasterCard ☐ American Express ☐ Bill to Purchase Order # \_\_\_\_\_

All payments must be made in full. All checks must be in US dollars drawn on US banks within the continental United States and made payable to the American College of Nurse-Midwives.

**Amount Enclosed:** 50% Deposit \$ \_\_\_\_\_ or Total Booth Cost \$ \_\_\_\_\_

(Deposit balance will be due within 30 days to reserve preferred booth)

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE (BACK OF CARD)

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

Payment is not due when you request your booth or table. After you submit your application, you will receive a confirmation followed by a link to log in and make your payment. Payments can be made online. ACNM accepts payment via check, Visa, MasterCard, or American Express. A 50% non-refundable deposit must be received within 30 days of being sent your login to the online portal. Final balance is due within 60 days to reserve your booth of choice. All booths must be paid in full by March 3, 2015. No refunds will be given for space cancelled after that date. After March 3, 2015, all new booth registrations 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 e-mail to [schavan@acnm.org](mailto: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 Albuquerque Convention 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