

Application to Exhibit

ORGANIZATION _____

CONTACT _____

TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

FAX _____

E-MAIL _____

COMPANY WEB PAGE _____

Organization Type	Booth Type	Early Bird Until Feb 1, 2010		Regular Fee After Feb 1, 2010
		Booth Options	Cost	Cost
Corporate, Commercial, Company, Hospital	<input type="checkbox"/>	10 x 10 Prime	\$2,150	\$2,365
	<input type="checkbox"/>	10' x 10'	\$1,850	\$2,035
Government Agency	<input type="checkbox"/>	10' x 10' Prime	\$2,150	\$2,365
	<input type="checkbox"/>	10' x 10'	\$1,200	\$1,320
Non-profit*	<input type="checkbox"/>	10' x 10' Prime	\$2,150	\$2,365
	<input type="checkbox"/>	10 x 10	\$ 1,150	\$1,265
Tabletop Exhibit**	<input type="checkbox"/>		\$ 850	\$1,000
ACNM Chapter, ACME-accredited Midwifery Education Program	<input type="checkbox"/>	10' x 10' only	\$ 475	\$475

* [501(c)3 or 501(c)6]. Proof of non-profit status is required; attach copy of incorporation papers.

**Table top exhibits are reserved for companies with 25 or fewer people and in business for five or less years.

Booth Selection Review the exhibit hall floor plan and select three booth locations.

Assignments will be made based on the criteria in this prospectus. 1st _____ 2nd _____ 3rd _____

Preferred Booth Orientation: Corner Inline Island

Number of 10x10' Booths _____ x \$ _____ = \$ _____

Enclosed (50% Deposit) \$ _____ or Total Booth Cost \$ _____

Payment Information Check VISA MasterCard (All checks must be in U.S. dollars drawn on U.S. banks within the continental United States and made payable to the American College of Nurse-Midwives)

CREDIT CARD NUMBER _____ EXP. DATE _____

CARDHOLDER'S NAME _____ CARDHOLDER'S SIGNATURE _____

Applications for space from commercial, government and not-for-profit companies will be accepted without an initial deposit; however, a 50% non-refundable deposit must be received within 30 days of application for space and is non-refundable. Final balance is due by April 1, 2010. No refunds will be given for space cancelled after this date. After April 1, 2010, all booth payments must be made in full. See cancellation clause in Exhibit Guidelines for more information.

Please copy for your records. Return original and deposit to ACNM Annual Meeting & Exposition, Lock Box P.O. Box 758898, Baltimore, MD 21275-8896.

Agreement

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 hotel. The undersigned also agrees to pay 50% of the total cost of booth space within 30 days of receipt of the application. Upon acceptance by the ACNM, this document constitutes a contract. The ACNM expressly reserves the right to reject an application for any reason.

Signature _____ Date _____