

## Exhibit Space Application

APS Annual Scientific Meeting, March 11-14, 2020 ~ Long Beach, California

Exhibitor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip/Country \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

### A. Company Description for Program (30 words or less)

\_\_\_\_\_  
\_\_\_\_\_

### B. Name of Exhibit Personnel for Badges: (Limited to 1 per table)

\_\_\_\_\_

### C. Exhibit Space Request: \_\_\_\_\_ 6' table @ \$1,000 each

### D. Payment and Contractual Considerations:

Full payment must accompany this application in order for space to be reserved. Payment may be made by check, wire transfer, MasterCard or VISA. APS's tax ID number is 11-1866747.

Total Amount Due: \$ \_\_\_\_\_

Check (enclosed)       Wire Transfer (please contact info@psychosomatic.org for bank details)

Bill my credit card for \$ \_\_\_\_\_       Visa       MasterCard

Credit Card #: \_\_\_\_\_

CVV #: \_\_\_\_\_      Exp. Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Signature of Company representative: \_\_\_\_\_

Date: \_\_\_\_\_

### Please return this contract to:

APS National Office  
6728 Old McLean Village Drive  
McLean, Virginia 22101-3906 USA  
or call 703-556-9222 for processing

**Thank you for your support and we look forward to seeing you in Long Beach!**