Application/Contract for Exhibit Space

2017 AO Annual Meeting

Orlando, Florida • March 16-18, 2017

Initial space assignment based on AO's point system, was made at the 2016 Annual Meeting Exhibit Lottery*. Following initial space assignments, all additional assignments are made on a first-come, first-served basis based upon receipt by AO of a completed application and a 50% deposit. Space must be paid in full no later than December 15, 2016. Applications received after December 15, 2016 require 100% payment.

*See General Rules and Regulations for full disclosure on the AO Point System.

Contact to Whom Exhibit-Related Correspondence Should be Sent

Company							
Contact Name				Title			
Mailing Address							
City/State/Zip							
Phone				Fax			
Email							
The undersigned app space(s) in order of p		eby applies for e	exhibit space at the	2017 AO Ann	ual Meeting and requests th	ne following exhi	ibit
1st choice #	at \$	2nd	d choice #	at \$	3rd choice #	at \$	
4th choice #	at \$	5th	choice #	at \$	6th choice #	at \$	
□ We wish to avoid h you will not be pla	_			osite from the	following company(s). AO o	cannot guarante	e that
Booth Size 10' x 10' in-line 10' x 10' corner Island Booth (start at 40	00 sq ft)	Total Cost \$3,440 \$3,860 \$44/sq ft	Total Deposit \$1,720 \$1,930 50% of total	 Deposit Policies For submissions before December 15, 2016: 50% of total booth price and contract due for space assignment; balance due by December 15, 2016 For submissions after December 15, 2016: 100% of total booth price and contract due for space assignment 			

For Official AO Use Only:			
Assigned Booth	Size	Total Amount Due \$	
Date Application Received		Amount \$	
Payment Type		Trans #	
Balance Remaining \$	Balance Due on or before December 15, 2016		
Date Final Payment Received		Amount \$	

Application/Contract for Exhibit Space

Exhibitor Information for Publication Contact Company Mailing Address City/State/Zip Phone Fax **Email** Website **Description of Products or Services** Please email your company description for publication in the Program Guide. Maximum 100 words - Must be received by December 15, 2016 **Payment Information** ☐ Check Credit Card: Visa MasterCard American Express **Check Number** Credit Card Number **Expiration Date** Security Code: Name on the Card Amount to Charge \$ Signature **Cancellation/Space Reduction Policies** • Between November 4 and December 29, 2016:50% refund (based on total booth price) • All cancellations of booth space must be received in writing by AO. • If space is reduced, the net reduction of space will be treated as a cancellation of that space. • In the case of a reduction in the size of an exhibitor's assigned booth space, AO reserves the right to reassign the confirmed booth location at its sole discretion. • The application and signed agreement, when accompanied by the required deposit, and when countersigned by AO, shall become a binding contract in accordance with the terms of the agreement and all General Rules and Regulations. This agreement shall not be binding unless it is signed by an authorized representative of the applicant's firm and is accepted by AO with the signature of AO's Management. I hereby certify that I have read and will abide by the AO Exhibitor Prospectus General Rules and Regulations. Company Name Applicant's Signature Type or Print Name Title Date Return form to: Jean Foellmer-Hughes, Director of Exhibits **Academy of Osseointegration** Accepted by: Jean Foellmer-Hughes, Director of Exhibits 85 W. Algonquin Road, Suite 550 Academy of Osseointegration

Date

Arlington Heights, IL 60005-4460

Email: jeanfoellmer@osseo.org

Phone: (847) 439-1919 • Fax: (847) 439-1569