



Organizational
Member Booth Exhibit

Regular Booth Exhibit

IMPORTANT DEADLINES:

July 8, 2005
Deadline to appear in
online Preliminary
Program

August 15, 2005
Deadline to appear in
Final Program

FAX COPIES WILL BE ACCEPTED

Mail application and
check to:
AAAR
15000 Commerce Parkway
Suite C
Mt. Laurel, NJ 08054

For further details contact
AAAR:
Sohini Mitra
Exhibits Manager
phone: 856-439-9080
fax: 856-439-0525
e-mail: info@aaar.org
website: www.aaar.org

EXHIBITOR APPLICATION

YES! I want to participate in the AAAR 2005 Conference. I will abide by the "Information and Rules Governing the Exhibit." My check, made payable to AAAR, is enclosed for _____, or please bill my credit card:

\$3,056 (applications received after July 8, 2005, may not appear in the online Preliminary Program)
Benefits

- 25% discount on exhibit booth
- Two one-year AAAR individual memberships (contact AAAR officer for membership forms)
- Two complimentary conference registrations
- Listing in the AAAR 2005 program as an Organizational Member
- Listing on the AAAR website as an Organizational Member
- A list of attendees (mailed within 30 days after conference)
- Right of 1st refusal on conference sponsorship opportunities

\$1,529 (applications received after July 8, 2005, may not appear in the online Preliminary Program)
Benefits

- Listing in the AAAR 2005 program
- Two complimentary conference registrations for exhibitors
- A list of attendees (mailed within 30 days after conference)

Number of booths you are requesting: _____

Booth Location Preferences: Booths will be assigned on a first-come, first-served basis upon receipt of application and payment.

1 st Choice	2 nd Choice	3 rd Choice
_____	_____	_____

Contact information (this information will not appear in the final program):

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Print address as it should appear in the final program. Contracts received after August 15, 2005, may not appear in the final program.

Organization: _____ Website: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Credit Card Information

CREDIT CARD: VISA MASTERCARD AMERICAN EXPRESS

Card Number: _____

Expiration Date: _____

Signature: _____

Cardholder's Name: _____

E-mail a 30 word or less description of products/services (required for listing in final program) to Sohini Mitra at smitra@ahint.com. Contracts received after August 15, 2005, may not appear in the final program.