



**ACSM's 14th
HEALTH
& FITNESS
SUMMIT
& EXPOSITION**
April 7-10, 2010
Hilton Austin
Austin, Texas

RESERVE SPACE BY DECEMBER 15, 2009 FOR BEST VALUE!

Payment Worksheet

All booths are 10' X 10'. 50% of full payment is due as a deposit with the contract.

Please check this box for final payment to be charged on January 15, 2010.

Reserve space by December 15, 2009 to receive discounted rates.

	Early Rate by 12/15/09	Regular Rate after 12/15/09
STANDARD	\$1250	\$1325
CORNER	1350	1425
BOOTH COST	\$ _____	
OPTIONAL DESCRIPTION UPGRADE (\$50)	\$ _____	
TOTAL	\$ _____	
DEPOSIT AMOUNT	\$ _____	

PLEASE RETAIN A COPY FOR YOUR RECORDS

BE FACE-TO-FACE WITH 1,200+ HEALTH & FITNESS PROFESSIONALS

Exhibit Space Application

You are hereby authorized to reserve space for our use in the exhibit hall at ACSM's Health & Fitness Summit & Exposition. This application is made with the understanding that the applicant agrees to abide by all regulations outlined in the exhibit prospectus which becomes part of the accepted contract along with the other rules and directives which may be used by ACSM in connection with these educational sessions. ACSM reserves the right to reject any application for space.

Please list five choices for exhibit space. Since many firms will apply for the same space, please do not concentrate your choices in one area.

Check which is more important: [] Booth type or [] location on exhibit floor.

Choices: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Number of booths requested _____

FOR THOSE RESERVING MULTIPLE BOOTHS, PLEASE ATTACH A PHOTOCOPY OF THE FLOOR PLAN AND HIGHLIGHT YOUR CHOICES.

1) Company name and address as you wish it to appear in the Exhibit Guide.

Firm Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number () _____ Fax Number () _____

E-mail address _____

Web Site _____

Name of Trade Show Coordinator (person to whom all correspondence and show kit should be sent) _____

Name of Contact _____

Telephone Number () _____ Fax Number () _____

E-mail address _____

2) ACSM strives to offer exhibitors the most advantageous location to conduct business. Please list exhibitors we should avoid placing adjacent to or opposite your display.

3) How is your product or service relevant to the professional needs of the attendee?

4) Please provide, in 25 words or less, a brief description of your products or services for the Exhibit Guide. Descriptions must be received by March 2 to be included in the Exhibit Guide. See payment worksheet for description upgrade pricing.

Cancellation Policy

Cancellation of booth space must be made in writing. Booths cancelled between December 15, 2009 and January 15, 2010, will result in forfeiture of the deposit. Cancellations made after January 15, 2010, will be charged the full booth fee.

Payment Information

Enclosed with this application is a deposit of 50 percent of the total booth cost. We agree to pay the balance of the space assigned on or before January 15, 2010, or incur the resulting penalty fees. We understand that failure to submit final payment by January 15, 2010, will result in cancellation of booth space and forfeiture of deposit. Advance notice will be given before booth space is canceled.

Please make checks payable in U.S. dollars only, to American College of Sports Medicine and forward to: Exhibits Manager, ACSM, Department 6022, Carol Stream, IL 60122-6022. (\$25 fee for returned checks), Federal ID# 23-6390952, Tel.: (317) 637-9200 Fax: (317) 634-7817

[] VISA® [] MasterCard® [] Discover®

Card # _____

Expiration Date: ____/____

By checking this box, I authorize ACSM to charge my credit card

Date: _____

I am interested in receiving information on advertising opportunities.

I am interested in receiving information regarding corporate partnerships.