



APPLICATION & CONTRACT FOR EXHIBIT SPACE

2009 ACVIM Forum & Canadian Veterinary Medical Association Convention; June 3 – 6, 2009 Exhibit Hall Open June 4 – 6, 2009

Palais des congrès de Montréal -- Montréal, Québec

Complete and mail this contract to ACVIM, 1997 Wadsworth Blvd., Suite A, Lakewood, CO 80214-5293 or FAX to 303-231-0880. For additional information, please visit www.ACVIMForum.org or contact Kathy Klaus, ACVIM Project Manager, Kathy@ACVIM.org.

CONTACT NAME (PLEASE PRINT CLEARLY)	CONTACT TITLE (PLEASE PRINT CLEARLY)
COMPANY NAME (AS IT SHOULD APPEAR IN THE EXHIBITOR GUIDE & BOOTH ID SIGN)	CONTACT'S ADDRESS/CITY/STATE/ZIP (IF DIFFERENT FROM COMPANY ADDRESS)
ADDRESS <input type="checkbox"/> (CHECK THIS BOX IF NEW ADDRESS)	TELEPHONE NUMBER FAX NUMBER
CITY, STATE/PROVINCE, ZIP	E-MAIL ADDRESS (PLEASE PRINT)
WEBSITE/URL (AS IT SHOULD APPEAR IN THE EXHIBITOR GUIDE & BOOTH ID SIGN)	PRODUCT CATEGORY

1 st Choice	2 nd Choice	3 rd Choice	4 th Choice	
List any companies you do not wish to be located near:				
Booth Size	Unit Price	Quantity	Total Cost	Payment Method
Non-profit Table-Top	\$325.00 USD			Amount paid with Contract (50% Due): \$ USD
10' x 10' Inline	\$1,950.00 USD			Check # (Payable to ACVIM):
10' x 10' Corner	\$2,215.00 USD			Credit Cards Accepted: VISA / MasterCard / AMEX (circle one)
10' x 20' End Cap	\$4,200.00 USD			CC #:
Island (x)	\$24 USD Sq. Ft.			Exp.: Security Code:
				Cardholder Name:

Visa, MasterCard, AMEX or checks drawn on an US bank may be accepted.

PAYMENT: 50% Deposit must accompany this application. Balance is due by February 16, 2009.

CANCELLATION POLICY: Cancellations requested January 1 – February 16, 2009 are subject to a cancellation fee equal to 50% of the total cost of the booth(s). Cancellations requested February 17 – March 16, 2009 are subject to a cancellation fee equal to 75% of the total cost of the booth(s). No refunds will be granted after March 16, 2009.

The undersigned acknowledges agreement to abide by the Rules & Regulations Governing Exhibits as published by the ACVIM, which regulations are considered to be a part of this agreement between Exhibitor and the ACVIM if this application is accepted.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____
TITLE: _____ COMPANY: _____

FOR ACVIM / CVMA USE ONLY

DATE REC'D	TOTAL AMT DUE	DEPOSIT REC'D	CHECK #/CC	ACCEPTED BY ACVIM	BAL DUE
DATE BAL REC'D	AMOUNT REC'D	CHECK # / CC	BALANCE	BOOTH ASSIGNED	