



ARS EXHIBITOR APPLICATION FORM
 The Cosmopolitan Hotel, Las Vegas, Nevada
 April 28 – May 2, 2012

We, the undersigned, apply for technical exhibit space at the **2012 American Radium Society (ARS) Annual Meeting** to be held April 28 – May 2, 2012 at the Cosmopolitan Hotel in Las Vegas, Nevada. We accept the conditions, rules, regulations, terms and policies printed in the Exhibitor Prospectus, which form part of this agreement.

EXHIBITOR INFORMATION

Please indicate company information exactly as it should appear in all official publications.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

CONTACT INFORMATION

Pre-show Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Onsite Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

EXHIBIT RESERVATION

Included in your exhibit fee are one (1) 6' draped table, two (2) side chairs, and (1) one-line identification sign (company name and booth number). Additional items may be purchased in your exhibitor kit that will be sent to you. Please confirm your needs by selecting a choice below:

Yes, please reserve my exhibit space, which includes one (1) 6' draped table, two (2) side chairs, and one (1) one-line identification sign

Total Cost of Booth: _____ \$1,500 (before January 13, 2012) _____ \$1,750 (after January 13, 2012)

We prefer not to be in proximity to the following exhibitors _____

Booths will be assigned at the sole discretion of show management and will be based on the date that the Application is received and consideration of competition. Floor plan will be provided. No specific booth guarantees will be made until payment is received.

Signature _____

Your signature on this application indicates that you understand and agree to comply with all the policies, rules, regulations, terms, and conditions contained in the American Radium Society (ARS) Exhibitor Prospectus and have read the rules and agree to distribute them to those involved with your tabletop.

PAYMENT SCHEDULE & DETAILS

Deposit of 50% is due upon receipt of application. Balance is due by February 24, 2012, Please make check payable to American Radium Society. Credit Cards Accepted include: Visa, MasterCard or AMEX.

Check Enclosed Credit Card Payment: # _____ Exp. ____/____/____

Card Holders Name: _____ Card Holders Signature: _____

Please complete and return this application to: Jenay Root, 11300 W. Olympic Blvd., Suite 600, Los Angeles, CA 90064, fax: (310) 437-0585, email: jenay@americanradiumsociety.org