

**106TH ANNUAL MEETING**

Oct. 31 - Nov. 3, 2020 | Honolulu

American Academy
of Periodontology**APPLICATION AND
CONTRACT FOR EXHIBIT SPACE**

HAWAII CONVENTION CENTER - HONOLULU, HAWAII



Side A

EXHIBITOR INFORMATION**Please type or print:**

Company

Address

City

State

Zip

Country

Phone

Fax

Web site address

Information listed below is for ALL exhibit related information only and will not be published. Send all Exhibition information to:

Contact Name

Contact ID No (For AAP Use Only)

Phone

Extension

Fax

E-mail address **

**** Important: All Exhibitor bulletins and important updates will be sent via e-mail.****For AAP Use Only**

I.D.#

Order#

CONTRACT SUBMISSION

Exhibitor has read and understands the 2020 AAP Annual Meeting Rules and Regulations and agrees to abide by all of their terms. Exhibitor understands that the AAP is under no obligation to accept this application. Exhibitor further understands that the AAP will accept an application only if, in its sole judgment, it believes the Exhibitor will comply with these Regulations, and if there is adequate space.

Exhibitor assumes the entire responsibility and liability for all claims, losses, and damages to persons or property, governmental charges or fines, attorney's fees, and other costs caused by or in any manner arising out of or associated with Exhibitor's installation, maintenance, removal, occupancy, or use of the exhibit space or any part thereof, and Exhibitor agrees to protect, indemnify, defend and hold harmless the American Academy of Periodontology, the Hawaii Convention Center, and their respective owners, officers, directors, members, employees, and agents against such claims, losses, and damages. In addition, Exhibitor acknowledges that neither the American Academy of Periodontology nor the Hawaii Convention Center maintains insurance covering Exhibitor's displays, equipment or other property, or covering Exhibitor's employees or agents, and that it is the sole responsibility of Exhibitor to obtain appropriate liability, property damage, and business interruption insurance covering such losses.

Authorized Signature

Printed Name

Title

Date

Note: submitted contracts will not be processed without the following:

☐ Deposit of \$1,000 per 100 square feet of exhibit space submitted with contract (Full payment required after May 1, 2020.)

☐ Authorized Signature

☐ Certificate of Insurance will be required

☐ Completion of Sides A and B

BOOTH REQUEST

1. Booth size requested (each unit is 10' x 10')

Corner Booth

☐ Yes ☐ No

(Corners are charged at the rate of \$350 per corner)

Island Booth

☐ Yes ☐ No

Peninsula Booth

☐ Yes ☐ No

2. The Exhibitor prefers the following booth numbers: (please complete all six selections)

1st choice2nd choice3rd choice4th choice5th choice6th choice

3. Exhibitor does not wish to be in immediate proximity of the following companies:

(The sponsor will attempt to adhere to Exhibitor's request, but cannot guarantee the above.)

4. Note any special circumstances you wish to be considered when space is assigned:

Booth assignment

Booth assignments on Nov. 4-5, 2019, while on-site in Chicago will be assigned under the priority point system. All other contracts for booth space(s) will be assigned on a first-come, first-served basis. Telephone requests or submitted signed contracts for specific booth space must be followed with deposit or full payment within five business day of submission.

PAYMENT TERMS AND SCHEDULE

A \$1,000 deposit per 100 square feet of space is due for booths reserved on Nov. 4, 2019, or Nov. 5, 2019 during the on-site booth selection in Chicago. The remaining balance is due on or before May 1, 2020.

All cancellations or reductions must be made in writing. Booths cancelled by Jan. 3, 2020 are subject to a \$250 cancellation fee. Cancellations or reductions received between Jan. 6 and May 1, 2020, are eligible to receive a 50 percent refund of the total booth rental fee. Cancellations or reductions after May 1, 2020 are not eligible to receive a refund.

The Exhibitor understands that this application must be accompanied by the appropriate payment due. The Exhibitor understands that the assigned space will be charged at the rate of \$38.00 per square foot with an additional \$350 charge for each corner. A \$1,000 per 100 square feet is due with all contracts that are received prior to May 1, 2020 with FINAL payments due on May 1, 2020. All contracts submitted after May 1, 2020 must include full payment.

The undersigned (hereafter called the Exhibitor) hereby applies for space in the 2020 American Academy of Periodontology (AAP) Annual Meeting Exhibition scheduled to be held at the Hawaii Convention Center, Honolulu, Hawaii, Nov. 1-3, 2020. The Exhibitor understands that this application must be accompanied by the appropriate payment due. The Exhibitor hereby acknowledges receipt of and agrees to abide by the Exhibitor Regulations as printed in the 2020 AAP Annual Meeting Exhibitor Prospectus (Invitation to Exhibit), and which are made a part of this contract by reference and fully incorporated herein, and to all conditions under which exhibit space at the Hawaii Convention Center is leased to the American Academy of Periodontology.

PAYMENT INFORMATION

☐ Payment Amount ☐ Check # ☐ VISA ☐ MasterCard ☐ AMEX
(payable to the American Academy of Periodontology)

☐ 100% payment Initial here to authorize credit card payment for deposit and balance due (if applicable)
The AAP does accept wire transfers. Please contact margery@perio.org for additional information.

Credit Card #

Security Code #

Exp. Date

Authorized Signature

Printed Name

RETURN CONTRACT TO

Margery Palonis, CEM
American Academy of Periodontology
737 N. Michigan Avenue, Suite 800
Chicago, IL 60611-6660
Phone: 312-573-3210
Fax: 312-573-3225
Margery@perio.org



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APPLICATION AND CONTRACT FOR EXHIBIT SPACE

HAWAII CONVENTION CENTER - HONOLULU, HAWAII



Side B

Exhibitors must complete sides A and B before contract can be processed.

1. PLEASE STATE THE FOOD AND DRUG ADMINISTRATION STATUS OF THE PRODUCT(S) TO BE DISPLAYED, IF APPLICABLE:

2. IF ANY OF THESE PRODUCTS ARE CURRENTLY IN LITIGATION WITH A GOVERNMENT AGENCY OR ARE THE SUBJECT OF AN UNFAVORABLE OR CAUTIONARY REPORT BY AN AGENCY OF THE AMERICAN DENTAL ASSOCIATION, PLEASE NOTE HERE AND EXPLAIN:

3. PRODUCT CATEGORY INDEX - CHECK EACH ITEM THAT YOU WILL HAVE ON DISPLAY AT THE ANNUAL MEETING: **LIMIT OF SIX (6)**

- | | | | |
|--------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> 3D Navigation | <input type="checkbox"/> Disposable Products | <input type="checkbox"/> Medicaments | <input type="checkbox"/> Retraction Materials |
| <input type="checkbox"/> Abrasives | <input type="checkbox"/> Education/CE | <input type="checkbox"/> Membership | <input type="checkbox"/> Rubber Dam and Accessories |
| <input type="checkbox"/> Absorbents | <input type="checkbox"/> Electrosurgical Equipment | <input type="checkbox"/> Microscopes | <input type="checkbox"/> Saliva Ejectors |
| <input type="checkbox"/> Acrylics | <input type="checkbox"/> Elevators | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Scalars |
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Emergency Equipment | <input type="checkbox"/> Models, Demonstrations | <input type="checkbox"/> Scalars, Ultrasonic |
| <input type="checkbox"/> Alginates | <input type="checkbox"/> Emergency Kits | <input type="checkbox"/> Mouthprops | <input type="checkbox"/> Scavenger Products and Accessories |
| <input type="checkbox"/> Amalgams and Accessories | <input type="checkbox"/> Encrypted/Secure Email | <input type="checkbox"/> Mouthwashes and Rinses | <input type="checkbox"/> Sharpeners, Instrument |
| <input type="checkbox"/> Analgesia Equipment and Accessories | <input type="checkbox"/> Endodontic Instruments and Materials | <input type="checkbox"/> Needles | <input type="checkbox"/> Silicates |
| <input type="checkbox"/> Anesthesia Equipment and Accessories | <input type="checkbox"/> Ergonomic Seating | <input type="checkbox"/> Office Decor | <input type="checkbox"/> Soaps, Lotions, Cleansers |
| <input type="checkbox"/> Anesthetics | <input type="checkbox"/> Eugenols | <input type="checkbox"/> Office Design/Space Planning Services | <input type="checkbox"/> Solutions |
| <input type="checkbox"/> Aprons, Lead | <input type="checkbox"/> Evacuators and Evacuator Systems | <input type="checkbox"/> Operating Room Equipment and Supplies | <input type="checkbox"/> Solutions, Sterilizing |
| <input type="checkbox"/> Articulating Paper, Film and Ribbon | <input type="checkbox"/> Eyeware, Protective | <input type="checkbox"/> Optical Aids | <input type="checkbox"/> Splinting Materials |
| <input type="checkbox"/> Articulators | <input type="checkbox"/> Face Masks and Shields | <input type="checkbox"/> Oral Hygiene Aids | <input type="checkbox"/> Sterilizing Equipment and Accessories |
| <input type="checkbox"/> Aseptic Water Systems | <input type="checkbox"/> Financial Programs | <input type="checkbox"/> Orthodontic Appliances, Materials and Accessories | <input type="checkbox"/> Stones |
| <input type="checkbox"/> Audiovisual Products | <input type="checkbox"/> Floss Products | <input type="checkbox"/> Oxygen Equipment | <input type="checkbox"/> Stools, Chairs |
| <input type="checkbox"/> Autoclaves, Sterilizers and Accessories | <input type="checkbox"/> Fluoride Products | <input type="checkbox"/> Pads, Mixing | <input type="checkbox"/> Surgical Supplies |
| <input type="checkbox"/> Blood Pressure Units | <input type="checkbox"/> Furniture and Accessories | <input type="checkbox"/> Paper Products | <input type="checkbox"/> Sutures |
| <input type="checkbox"/> Bookkeeping Systems | <input type="checkbox"/> Gloves | <input type="checkbox"/> Patient Education | <input type="checkbox"/> Syringes |
| <input type="checkbox"/> Books, Journals, Publications | <input type="checkbox"/> Graft and Regeneration Materials | <input type="checkbox"/> Periodontal Materials | <input type="checkbox"/> TMJ Diagnostic Supplies |
| <input type="checkbox"/> Burs, Stones, Points and Blocks | <input type="checkbox"/> Handpieces, Operating and Laboratory | <input type="checkbox"/> Personnel and Recruiting Services | <input type="checkbox"/> Toothbrushes, Manual |
| <input type="checkbox"/> Business and Patient Record Forms | <input type="checkbox"/> Hygiene Kits | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Toothbrushes, Power |
| <input type="checkbox"/> Cameras | <input type="checkbox"/> HIPPS | <input type="checkbox"/> Photographic Equipment and Supplies | <input type="checkbox"/> Trays and Accessories |
| <input type="checkbox"/> Cardiac Monitoring Equipment | <input type="checkbox"/> Implant Systems and Devices | <input type="checkbox"/> Plaque Control Products and Accessories | <input type="checkbox"/> Trays, Impression |
| <input type="checkbox"/> Cements | <input type="checkbox"/> Impression Materials | <input type="checkbox"/> Polishes | <input type="checkbox"/> Tubing and Accessories |
| <input type="checkbox"/> Cheek Retractors | <input type="checkbox"/> Impression Systems | <input type="checkbox"/> Porcelain | <input type="checkbox"/> Ultrasonic Equipment |
| <input type="checkbox"/> Cleaners, Ultrasonic | <input type="checkbox"/> Infection Control Products | <input type="checkbox"/> Portable Equipment | <input type="checkbox"/> Ultrasonic Supplies |
| <input type="checkbox"/> Composite Instruments and Accessories | <input type="checkbox"/> Instruments, General | <input type="checkbox"/> Practice Marketing | <input type="checkbox"/> Uniforms and Other Garments |
| <input type="checkbox"/> Composites | <input type="checkbox"/> Instruments, Surgical | <input type="checkbox"/> Practice Management | <input type="checkbox"/> Units and Accessories |
| <input type="checkbox"/> Compressors, Air and Accessories | <input type="checkbox"/> Insurance | <input type="checkbox"/> Preventative Dental Products | <input type="checkbox"/> Units and Components, Delivery Systems |
| <input type="checkbox"/> Computer Hardware and Services | <input type="checkbox"/> Interdental Cleaning | <input type="checkbox"/> Probes, Manual and Electronic | <input type="checkbox"/> Vacuum Formers, Splint and Coping |
| <input type="checkbox"/> Computer Imaging | <input type="checkbox"/> Intraoral Cameras | <input type="checkbox"/> Prophyl Brushes and Caps | <input type="checkbox"/> Vacuum Units and Accessories, Oral Evacuation |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Intraoral Scanners | <input type="checkbox"/> Prophyl Materials | <input type="checkbox"/> Water Filters and Distillers |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Irrigators, Oral | <input type="checkbox"/> Prosthodontic Appliances, Materials and Accessories | <input type="checkbox"/> Whitening Products/Systems |
| <input type="checkbox"/> Cotton Products | <input type="checkbox"/> Laboratory Services | <input type="checkbox"/> Pulp Testers | <input type="checkbox"/> Website Design |
| <input type="checkbox"/> Crown Remover | <input type="checkbox"/> Lasers | <input type="checkbox"/> Pulse Oximeters | <input type="checkbox"/> X-Ray Film and Supplies |
| <input type="checkbox"/> Crowns | <input type="checkbox"/> Lights, Operating | <input type="checkbox"/> Pumps | <input type="checkbox"/> X-Ray Machines and Equipment |
| <input type="checkbox"/> Cyber Security | <input type="checkbox"/> Lights, Other | <input type="checkbox"/> Reamers | <input type="checkbox"/> X-Ray Processors and Accessories |
| <input type="checkbox"/> Defoggers | <input type="checkbox"/> Liners | <input type="checkbox"/> Recruiting | <input type="checkbox"/> Miscellaneous (Specify) |
| <input type="checkbox"/> Dentifrices | <input type="checkbox"/> Loupes | <input type="checkbox"/> Refinery | |
| <input type="checkbox"/> Denture Base, Reline and Repair Materials | <input type="checkbox"/> Lubricants | <input type="checkbox"/> Reinforcement Materials | |
| <input type="checkbox"/> Diagnostic Equipment | <input type="checkbox"/> Magnification Equipment | <input type="checkbox"/> Repair Services and Kits | |
| <input type="checkbox"/> Diagnostic Testing | <input type="checkbox"/> Management and Consulting Services | <input type="checkbox"/> Resins | |
| <input type="checkbox"/> Diamond Points and Discs | <input type="checkbox"/> Market Research | <input type="checkbox"/> Retainers | |
| <input type="checkbox"/> Disc, Mandrels and Strips | <input type="checkbox"/> Matrices and Accessories | | |

For AAP Use Only

Booth Cost \$ _____	Deposit Received \$ _____	Final Received \$ _____
Booth #(s) assigned _____	Corner Cost \$ _____	Balance Due \$ _____
Size _____	Total Cost \$ _____	Accepted for AAP by _____
		Contract received date _____