
Application/Contract for Exhibit Space

**2009 Annual Meeting • San Diego, CA
February 26 – 28, 2009**

The Academy of Osseointegration

85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460

Space will be assigned on a first-come, first-served basis upon receipt by AO of a completed and signed application and a 50% deposit. Balance due on or before December 31, 2008. 100% of the total cost of exhibit space is required with completed application and signed agreement submitted after December 31, 2008. The application and signed agreement, when accompanied by the required deposit, and when countersigned by AO, shall become a binding contract in accordance with the terms of the agreement and all Rules & Regulations. Upon assignment of exhibit space, a copy will be returned with space assignment and balance due. Final payment is due by December 31, 2008. On January 23, 2009 and thereafter, an Exhibitor cancelling assigned exhibit space(s) shall be responsible for payment of the full booth rental fee for such assigned space(s).

PLEASE PRINT OR TYPE

Exhibitor Information for Listing in Convention Program:

Company Name: _____

Website: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Contact Name: _____

Title: _____

Contact to Whom Exhibit-Related Correspondence Should be Sent:

Contact Name: _____

Title: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

The undersigned applicant hereby applies for exhibit space at the 2009 AO Annual Meeting and requests the following exhibit space(s) in order of preference.

Space requested (indicate booth choices in order of preferences as selected from the floor plan.)

1st choice # _____

at \$ _____

3rd choice # _____

at \$ _____

2nd choice # _____

at \$ _____

4th choice # _____

at \$ _____

*We wish to avoid having our exhibit located adjacent to or opposite from the following company(s):

* Booth assignments are made on a first-come, first-served basis. Therefore, AO cannot guarantee that you will not be placed next to the firms listed above.

Please list category of products or services that best describe what you will be displaying (i.e., Computer Hardware, Educational Material, Health Care Products, Office Management Systems, Pharmaceuticals, etc.)

Application/Contract for Exhibit Space

Booth Size	Total Cost	Total Deposit
10'x 10' (inside)	\$2,550	\$1,275
10'x 10' (corner)	\$2,900	\$1,450
Island Booths	\$33/sq ft	
Island Booths – larger than 20' (30' x 30', 30' x 40' etc)	\$35/sq ft	
Two Story Booths - 2nd Level used for product demos	\$51.50/sq ft	
Second story used for office/storage	N/C	

Method and Payment Schedule

50% deposit of total booth price and contract due for assignment of space. (check or credit card). 50% balance due by **December 31, 2008**. 100% of total booth price with contract submitted after **December 31, 2008**

Credit Card # _____ (Visa, Master Card, American Express) Security Code _____
 Expiration Date: _____ Name on Card: _____
 Signature: _____ Amount: _____

A description of products or services must be completed for publication in the program. (Must be received by Dec. 31st.)

Note: Companies that have not exhibited at an AO Annual Meeting must also submit product brochures and a photograph or sketch of the exhibit.

This agreement shall not be binding unless it is signed by an authorized representative of the applicant's firm and is accepted by AO with the signature of AO's Exhibit Manager.

Company Name: _____
 Applicant's Signature: _____
 Type or Print Name: _____
 Title: _____ Date: _____

I hereby certify that I have read and will abide by the precepts of the AO Exhibitors' Prospectus Guidelines, Rules & Regulations.

Date: _____ Signature of Applicant _____

To guarantee Exhibit space at the AO Annual Meeting, the required deposit must be forwarded to AO with the signed application and agreement. Make check payable to AO and mail to:

Dianne K. Kubis, Exhibit Manager
 Academy of Osseointegration
 85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460
 Phone: (847) 439-1919; FAX: (847) 439-1569; E-mail: diannekubis@osseo.org

To be Completed by AO Convention Management:

Space No.(s) Assigned: _____ Total charged for assigned space: \$ _____
 Date Received: _____ Check No.: _____ Dated: _____ Amount Received: \$ _____
 Balance Remaining: \$ _____ **Balance Due on or Before December 31, 2008**
 Date Received: _____ Check No.: _____ Dated: _____ Amount Received: \$ _____
 ACCEPTED FOR AO: Signature: _____ Date: _____

Application Checklist:

- Have you... Signed the Application? Completed the Product/Service Description
 Included the 50% deposit for each 10' x 10' space
 (made payable to Academy of Osseointegration) or (AO)

Please Complete Reverse Side

Request for Function Space

2009 AO Annual Meeting • February 26 – 28, 2009 • San Diego, CA

Exhibition Dates: February 26 – 28, 2009

DEADLINE FOR RECEIPT: January 30, 2009

(Company Sales Meetings or AO-Approved Activities ONLY, Not Industry-Sponsored Hospitality Suites or Functions)

Please complete ONE request for each function room requested.

Function Name: _____

Contact: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ or: (800) _____ FAX: () _____

Email: _____

Function Type

Sales Meeting Business Meeting Other Activity (to be approved by AO)

Attendance

Company Personnel Physician/Company Other Number Attending _____

Function Day/Date: _____ Time: _____ am/pm until _____ am/pm _____

Function Day/Date: _____ Time: _____ am/pm until _____ am/pm _____

Room Needed Early for Special Set-up No Yes Time: _____

Setup Desired

Conference Hollow Square U-Shaped
 Theater Schoolroom Rounds
 Diagram Attached Cocktail Tables Other

Additional Specifications (Check all that apply)

Using Audio visuals Elevated Stage for Lectern/Head Table of _____
 Standing Lectern Only Other _____

Authorized Signature: _____ Date: _____

AO Use Only

Date: _____ Time: _____ Room: _____ Facility: _____

Return form to:

Academy of Osseointegration
85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460
ATTN: Gina Seegers, Director of Meetings & Conventions
Phone: (847) 439-1919 • Fax: (847) 439-1569 • Email: ginaseegers@osseo.org

Hospitality Suites Form

AO 24th Annual Scientific Meeting • February 26 – 28, 2009 • San Diego, CA

Exhibitors are required to inform AO of a hospitality function. Submit this form to AO NO LATER THAN **January 30, 2009**. You will then be contacted by the Hotel for your requirements.

Exhibiting Company: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

HOSPITALITY SUITE:

Description: _____

Location: (i.e. name of hotel, restaurant, etc.) _____

Date(s): _____

Proposed Entertainment: _____

If event is planned outside of hotel, will the exhibiting company be providing transportation for attendees?
Please indicate type of transportation to be utilized:

I/we have read the Guidelines for Hospitality Suite Functions outlined in the 2009 Invitation to Exhibit (page 2), and agree to abide by all AO and hold harmless the Academy of Osseointegration from and against any and all liability and claims and demands which may arise from or be asserted in connection with the foregoing undertakings and responsibilities.

Signature of Exhibitor: _____ Date: _____

Return form to: Academy of Osseointegration
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Arlington Heights, IL 60005-4460
ATTN: Gina Seegers, Director of Meetings & Conventions
Phone: (847) 439-1919
Fax: (847) 439-1569
Email: ginaseegers@osseo.org

Event Sponsorship Application

Select a sole or partial sponsorship option from the list below (additional sponsorship opportunities are available that have not been listed). The costs listed are estimates. Or call us to talk about your own creative ideas! There is an opportunity for every company's budget. Sponsorship costs vary depending on the event or service. Sponsorship commitments are subject to final approval by AO. **NOTE: 2008 sponsors have the right of first refusal to repeat their sponsorship in 2008.** Review the following list and if you find a sponsorship opportunity that interests you, just fill out the form on the reverse side and mail or FAX it to Kevin P. Smith, Executive Director.

SPONSORSHIP OPPORTUNITIES

Publications

- Preliminary Tri-fold Mailer.
- Advance Program 4 color ad.
- Convention Program Guide 4 color ad.
- Membership Directory 4 color ad.

Corporate Forum

Social Events

- President's Reception
- International Member Reception
- President's VIP Dinner.

Refreshment Breaks

- Thursday am Continental Breakfast.
- Thursday am Refreshment Break.
- Thursday pm Refreshment Break.
- Friday am Continental Breakfast.
- Friday am Refreshment Break.
- Friday pm Ice Cream Break
- Saturday am Continental Breakfast.
- Saturday am Refreshment Break.

Box Luncheon in Exhibit Area

- Thursday Box Luncheon.
- Friday Box Luncheon
- Saturday Box Luncheon

Registration Materials

- Vinyl or cloth valises
- Writing Pads & Pens
for Registration Packets
- Lanyards
- Calendar of Daily Events Display

Poster Presentations
(CD-ROM containing all 2009 poster abstracts.)

**Highlights of Annual Meeting
CD-ROM**.

Event Sponsorship Form

Please complete the following information:

Name: _____

Title: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Return to: Kevin P. Smith, Executive Director
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