



Register for 2017!

American Association of Equine Practitioners Application and Contract for Exhibit Space
November 18-20, 2017 • Henry B. Gonzalez Convention Center • San Antonio, Texas

Company and Contact Information

The following information will go on the website and in the on-site program (PLEASE PRINT CLEARLY):

Full Company Name: _____

Mailing Address: _____

City: _____

Prov/State: _____

Postal/Zip Code: _____

Country: _____

Phone: _____

Fax: _____

Published E-mail: _____

Website: _____

Please reserve _____ booth(s) at the 2017 AAEP Convention.
I wish to reserve:

_____ 10' x 10' Inline booth(s) \$2,200

_____ 10' x 10' Corner booth(s) \$2,450

Trade Show Contact

Name: _____

Contact E-mail: _____

Mailing Address: _____

City: _____

Prov/State: _____

Postal/Zip Code: _____

Country: _____

Phone: _____

Cell: _____

Fax: _____

The Trade Show contact for your firm will receive updates, requests for information, booth assignments, etc. Please complete the requested contact information accordingly.

Number of booths: _____	Unit Price: _____	Total: \$ _____
Less Deposit (\$250 per booth due at the time of application submission)		\$ _____
Balance Due by May 1, 2017		\$ _____

Payment Information

Check Visa MasterCard Amex Discover Invoice Required

Please make check payable to: AAEP

Card Number: _____ Exp. Date: _____ CVW Code: _____

Authorized Signature: _____

Check box to receive a receipt. E-mail for receipt: _____

Product/Service Category (check only one that best fits your company):

- | | | |
|---|---|--|
| <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Publications | <input type="checkbox"/> Ultrasound Equipment |
| <input type="checkbox"/> Compounding Pharmacy | <input type="checkbox"/> Magnetic Therapy/Lasers | <input type="checkbox"/> Insurance/Financial/Leasing |
| <input type="checkbox"/> Mobile/Portable Veterinary Units | <input type="checkbox"/> X-ray Equipment | <input type="checkbox"/> Laboratory or Diagnostic Services/Equipment |
| <input type="checkbox"/> Computer Hardware/Software | <input type="checkbox"/> Endoscopes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Reproductive | |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Hoofcare | |
| <input type="checkbox"/> Nutritional Feeds/Supplements | <input type="checkbox"/> Surgical Equipment/Instruments | |
| <input type="checkbox"/> Dental | <input type="checkbox"/> General Equine Care | |

Contract Acceptance for Exhibit Space Rental:

The Exhibitor agrees that upon acceptance of this agreement, including the Terms and Conditions set forth in the Exhibitor Prospectus and in this agreement by AAEP with or without appropriate or timely payment of any and all fees; this agreement shall become binding and enforceable in accordance with its terms. Although AAEP will attempt to accommodate exhibitor requests for specific booths, no guarantees can be made that the Exhibitor will be assigned the specific booth(s) requested. Exhibitor acknowledges that it is not contracting for a specific booth(s), but rather for the right to participate as an Exhibitor at the 2017 AAEP Annual Convention.

Signature of Company Representative: _____ Date: _____

Return application & payment in enclosed envelope and mail to:

Debbie Miles at AAEP • 4033 Iron Works Parkway • Lexington, KY 40511 • or fax to (859) 233-1968