

AACA Southern Regional Meeting – March 30, 2019
Bellarmine University, Louisville, KY
Exhibitor Application & Contract
Deadline for submission is March 1, 2019

| |
|--------------------------------|
| Contact Person |
| Company Name |
| Address |
| City, State/Province, Zip Code |
| Email Address |
| Phone Number |

Please check if you need: _____ Electrical Outlet _____ Internet Access

Exhibitor Fees & Payment

| Quantity | Description | Cost | Total |
|------------------|--|--|-------|
| | 1 st Table (includes registration for 2 exhibit staff members) | \$400 | |
| | Additional Table | \$300 | |
| | Workshop fee: | \$110 (per session) | |
| | Poster fee: | \$60 (per poster) | |
| | Breakfast Sponsorship (check with AACA office to see if available) | \$700 | |
| | Lunch Sponsorship (check with AACA office to see if available) | \$1000 | |
| | Snack Break Sponsor (check with AACA office to see if available) | \$250 | |
| | Advertise in Regional program (check with aaca@clinical-anatomy.org for availability) | Please refer to page 2 for fee structure | |
| | Door prize donation | | |
| TOTAL DUE | | | |

Exhibitor Staff Registration

1st table purchase includes registration for 2 staff members. Additional table purchase includes registration for 1 staff member per table. Extra staff registration without the purchase of an additional table is a fee of \$50 per staff member.

| Name of Exhibit Staff Member(s) | Name of Exhibit Staff Member(s) |
|---------------------------------|---------------------------------|
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Place your advertisement in the Regional Program

- Ads may be sent to aaca@clinical-anatomy.org
- Deadline to submit an ad for the book is March 1, 2019.

Company _____

Contact Name _____

E-mail _____

Phone _____

FAX _____

| Ad Specification Sheet Black & White | Price |
|---|-------|
| Full size | \$150 |
| ½ page | \$75 |
| Artwork enclosed please circle yes / no | |
| Artwork to follow please circle yes / no | |
| Special Instructions: | |

Specifications & Requirements:

Final trim size – 8 x 10.5
 All text at least 1/2 inch from edge
 Standard ad space (W x H)
 ½ page – 7.5 x 5
 Full page – 7.5 x. 10

Electronic Formats:

.pdf – high resolution
 .jpeg files
 .eps files
 Photoshop .psd
 Illustrator .ai

Include **all** fonts and linked artwork.

If received artwork is not one of the above electronic formats, there may be additional charges. AACCA reserves the right to reject any advertising considered non-conforming to AACCA standards. **Terms:** No agency discounts given on quoted rates. All rates are payable at time of ad placement. **Priority Placement:** All ads will be placed on a “first come/first serve” basis. **Cancellation/ Refunds:** Orders may be cancelled and refunds will be given till the reservation date. Cancellations after that time will not be eligible for refunds.

**2019 AACA Southern Regional Meeting
Exhibitor Application & Contract**

Applications may be faxed (706-883-8215), sent as an email attachment to aaca@clinical-anatomy.org
If paying by check, please mail application and check to the address below.

American Association of Clinical Anatomists (AACA)
PO Box 2945
LaGrange, GA 30241

This information will only be used for the American Association of Clinical Anatomists. For your convenience; we will use this authorization to charge your credit card account (if not paying by check). We will advise you, prior to charging card, of any unpaid balances at the conference or any additional amounts incurred at the show-site by your representative(s). This information is confidential.

Check type of credit card: MasterCard Visa American Express Discover

Credit Card Number

Expiration Date

CVV

Company Name

Cardholder's Name

Cardholder's Billing Address

City, State/Province

Zip/Country

Signature

By signing below, I authorize the American Association of Clinical Anatomists to charge the card above.

Signed: _____ Date: _____

