



COMPANY AND CONTACT INFORMATION

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

Full Company Name: _____

Published Email: _____

Website: _____

Address: _____

City: _____ Prov/State: _____

Postal/ZIP Code: _____ Country: _____

Phone: _____

TRADE SHOW CONTACT

The Trade Show contact for your firm will receive updates, requests for information, booth assignment, etc.

Name: _____

Contact Email: _____

Cell: _____

Address (if different than company)

Address: _____

City: _____ Prov/State: _____

Postal/ZIP Code: _____ Country: _____

Read, Accepted and Approved by Company Representative (Signature)

Print Name

Date

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 2022 AAEP Annual Convention.

BOOTH SELECTION

Please reserve the following 10'x10' booth(s):

BOOTH TYPE	QUANTITY	FEE/BOOTH
<input type="checkbox"/> Zone 1 Corner Booth		@ \$3,400
<input type="checkbox"/> Zone 1 Inline Booth		@ \$3,000
<input type="checkbox"/> Zone 2 Corner Booth		@ \$3,200
<input type="checkbox"/> Zone 2 Inline Booth		@ \$2,800
TOTAL AMOUNT		
Due by September 20, 2023		\$

CATEGORY

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

QUESTIONS?

Debbie Miles: (859) 705-0423 | dmiles@aaep.org

RETURN COMPLETED APPLICATION TO

Debbie Miles at AAEP
4033 Iron Works Parkway
Lexington, KY 40511
dmiles@aaep.org



AAEP USE ONLY

Booth Assigned _____

Booth Size _____