



Register for 2019!

American Association of Equine Practitioners Application and Contract for Exhibit Space
December 8-10, 2019 • Colorado Convention Center • Denver, Colorado

Company and Contact Information

The following information will appear 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: _____

Trade Show Contact

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

Name: _____
Contact E-mail: _____
Mailing Address: _____
City: _____
Prov/State: _____
Postal/Zip Code: _____
Country: _____
Phone: _____
Cell: _____
Fax: _____

Reservation and Payment Information

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

Booth Type	Quantity	Fee/Booth
Zone 1		
Corner booth	_____	@ \$2,950
Inline booth	_____	@ \$2,500
Zone 2		
Corner booth	_____	@ \$2,700
Inline booth	_____	@ \$2,400
Zone 3		
Corner booth	_____	@ \$2,450
Inline booth	_____	@ \$2,300
Total Amount		\$ _____
Less Deposit		\$ _____
<i>(\$250 per booth due at time of application submission)</i>		
Balance Due by June 10, 2019		\$ _____

Check enclosed in the amount of \$ _____

Please make check payable to: AAEP

Please charge the card below in the amount of \$ _____

Visa MasterCard Amex Discover Invoice Required

Card Number: _____

Exp. Date: _____ CVV Code: _____

Billing ZIP Code: _____

Authorized Signature: _____

E-mail for receipt: _____

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

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

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 2019 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

**For Office
Use Only**

Date Received _____ Booth Assigned _____ Priority Points _____
Date Paid in Full _____ Booth Size _____