



**68TH ANNUAL SCIENTIFIC MEETING
MARCH 10 - 13, 2010
Portland, Oregon**

EXHIBITOR PROSPECTUS

Cost of Exhibit Space: - \$1,000US per 6' table

Each Exhibitor will Receive:

- At the meeting, a list of all meeting registrants
- A listing on the APS website as an exhibitor with a link to your company's website (if applicable)
- A listing in the conference program with a brief description of your company
- Eligibility for discounts on conference travel & hotel sleeping rooms

Space Assignment:

Space is assigned on a first-come, first-served basis.

Fire Regulations:

Fire codes require materials such as table covering, drapes, etc., to be flameproof. Use of heaters, open flames, candles, lanterns, etc., as part of an exhibit is forbidden.

Security: Each exhibitor is responsible for preservation of his or her own property.

Liability/Insurance: Exhibitors shall be fully responsible to pay for any and all damages to property owned by hotel, its owners or managers which results from any act or omission of an exhibitor. Exhibitor agrees to defend, indemnify, and hold harmless, APS and the hotel, its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from exhibitor's use of the property. The exhibitor acknowledges that APS and the hotel do not maintain insurance covering exhibitors' property, and that it is the sole responsibility of the exhibitor to obtain liability insurance covering such losses. Each exhibitor, by signing an application to exhibit, understands and agrees that they assume responsibility for the conditions described above.

Additional Conditions:

1. APS, at its sole discretion, may withhold or withdraw permission to distribute souvenirs, advertising or other material it considers objectionable or not in keeping with the character or purpose of APS.
2. All exhibitor activity must take place in the assigned area only.
3. Neither the rental of exhibit space nor the provision of grant funds shall influence the control of content a selection of presenters and moderators. APS is ultimately responsible for content and selection of presenters and moderators.
4. Disclosure of Financial Relationships: APS will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between APS and the company (e.g., grant recipient) or between individual speakers or moderators and the company.

Registration Procedure:

To register for the APS Annual meeting, please fill in the conference registration form completely and return with your exhibitor fee to the APS Office.

Conditions of Agreement:

1. All exhibits are subject to review and approval by the American Psychosomatic Society.
2. This agreement shall not be binding upon the lessor (APS) until accepted and executed by APS. A counter-signed copy of the contract will be returned to you as confirmation of your participation.
3. The violation of any part of this agreement, or any part of the regulations adopted by the Lessor, shall at the election of APS cause this agreement to become null and void. In such event, all sums previously paid for or contracted to be paid under this agreement shall be assigned, or otherwise disposed of, without the written approval of APS.
4. Refunds of any payment for exhibit space will be made at the sole discretion of APS with a \$75 processing fee deducted from the total paid. No refunds due to cancellations will be made after February 18, 2010.

**Annual Scientific Conference ~ APS
Participation Contract
Exhibit Space Application
(Please Print or Type)**

Company Name:

Address:

City/State/Zip/Country

Phone/FAX/Email:

Contact Person/Title:

A. Company Description for Program (30 words or less)

B. Name of Exhibit Personnel for Badges: (Limited to 1 per table)

1. _____

C. Exhibit Space Request: _____ 6' table @ \$1,000 each

D. Payment and Contractual Considerations:

Full payment must accompany this application in order for space to be reserved. Payment may be made by check, wire transfer, MasterCard or VISA. APS's tax ID number is 11-1866747.

Total Amount Due: \$ _____

Check Amount \$ _____

Transferred \$ _____ Date: _____

Bill my credit card in the amount of \$ _____

Visa _____ MasterCard _____

Credit Card #: _____

Exp. Date: _____

Cardholder Signature: _____

Signature of Company representative: _____

Date: _____

Please return this contract to:

APS National Office
6728 Old McLean Village Drive
McLean, Virginia 22101-3906
USA,
or fax to: 703-556-8729

Thank you for your support and we look forward to seeing
you in Portland!