

AMERICAN BACK SOCIETY

Exhibit Space Application

ABS Annual Symposium – Advanced Diagnosis & Treatment for Neck & Back Pain

June 18-21, 2008

Riviera Hotel, Las Vegas, NV

American Back Society encourages you to participate and benefit from our well attended meetings. In order to facilitate this we serve our daily continental breakfast, morning and afternoon coffee breaks in the Exhibit Hall. Additionally the ABS Registration Booth is located inside the Exhibit Hall. We also welcome company sponsorship. Sponsorship will offer you the greatest exposure.

This application for exhibit space reservation must be received no later than May 18, 2008 to be considered for available space. Exhibit space is assigned on a first-come, first-served basis. Early reservation will provide the best opportunity to be assigned prime booth space. It is further agreed that if written cancellation is made 15 days prior to the Symposium, the exhibitor shall be refunded one half (1/2) of the application fee. Signing below certifies that you have read, understood and accept the terms of the Exhibit Rules and Regulations listed on the following pages.

Exhibit booths include pipe and drape, a one line ID sign, (1) draped 6' table and 2 chairs. Each tabletop will include a 6' table, an ID sign and 2 chairs. Any special requirements such as lights, banners, etc. are not included in the prices listed below and shall be at the expense of the Exhibitor. To acquire these additional services, contact GES Exposition Services, the sole contractor for these services at this Symposium. All financial services are to be arranged with them.

Customer Services
GES Exposition Services
(702) 515.5598 Fax (702) 515.5621

Each exhibitor must submit a product description with this application:

Please indicate below the number of booths desired:

Standard Draped Booth (8' x 10') - @ \$975.00 each (US currency)

Tabletop (6') - @ \$650.00 each (US currency)

Booth cost x Number of Booths _____ = Total amount enclosed \$ _____

Payment:

- Check (payable to American Back Society. US funds only)
- Visa/MasterCard/Amex # _____ Exp Date _____
Name as it appears on card _____
Signature _____

Company Name _____

Product Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Contact Name _____

Signature _____ Date _____

Booth Choices (see map)
Booth # in order of preference

Mail or Fax to: American Back Society
2648 International Blvd.
Suite 502
Oakland, CA 94601
Tel: 510.536.9929
Fax: 510.536.1812
Email: info@americanbacksoc.org