



# Exhibit Application/Contract

Oct. 22-28, 2015 Providence, RI

Exhibit booths will be contracted at the rate of \$1,300.00 for each 10x10 square foot physical space plus a virtual booth in the app. Full payment should accompany the contract. The contract deadline is July 24, 2015.

**PAYMENT METHOD:**

- Check (payable to AAVLD)
- Money order
- Master Card
- Visa

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVV\_\_\_\_\_

Amount (\$1,300 for each 10'x10' booth): \_\_\_\_\_

Expiration Date: \_\_\_\_ - \_\_\_\_ Cardholder Name: \_\_\_\_\_  
Month Year

Cardholder Signature: \_\_\_\_\_

*Do not send credit card information via email - it is not secure. Fax to: 352-378-2605*

Refund Policy: Full refund through July 24, 2015; 50% refund through August 14, 2015; no refunds after August 14, 2015. Full refunds will be provided in the event of a necessary cancellation by AAVLD.

EXHIBITOR: Please print/type the information below as you wish it to appear in the Exhibit Directory:

Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Website: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

EXHIBIT DIRECTORY TEXT - Attach a brief text - up to 150 words - for inclusion in the Program Book and in the meeting app. Deadline is August 7, 2015.

I am authorized by my company to contract for exhibit space at the **58th Annual Meeting of the American Association of Veterinary Laboratory Diagnosticians;**

Signature

Date

**Make Checks Payable to: AAVLD**

**Mail to:** Jackie Cassarly, CMP  
The Planning Connection, Inc.  
4525 NW 36<sup>th</sup> Ave  
Gainesville, FL 32606

OFFICE USE ONLY	
Date Received	_____
Payment	_____
Check/CC	_____
Booth #	_____

Please address all communications regarding exhibits to Jackie:

Email: Jackie@planningconnection.com Phone: 352-378-5995 Fax: 352-378-2605

*Email is not secure! Please fax this form if it contains credit card information!*