



EXHIBIT SPACE APPLICATION AND CONTRACT

20th Annual Meeting of the Alliance of State Pain Initiatives

October 23 – 25, 2009 • Hyatt Regency San Francisco • San Francisco, CA

Exhibit Space Information

Exhibit Registration Fees: (please choose the appropriate option below)

- Corporation: \$550.00
- Small Business: \$350.00
- Non-Profit Organization: \$150.00

Exhibit registration fees include the following:

- One set of meeting materials (bag, folder, & syllabus)
- Exhibitor badges for two representatives (available at the registration desk)
- Recognition in the meeting syllabus
- One 6 foot skirted table with two chairs

Additional Fees:

- Electricity: \$100.00
- Internet access (wired): \$375.00
- Additional Exhibitors: \$25.00 per person
- Upgrade to participant registration status: \$150.00/person*

**Permits exhibitors to attend meals and sessions and provides them with all meeting materials.*

Exhibit Hours: Saturday October 24th: 7:00 am – 5:00 pm

All breaks, including snacks, will be held in the exhibit area

Exhibit Setup Dates & Times:

Friday October 23rd: 6:00 pm – 10:00 pm

Saturday October 24th: 6:00 am – 7:00 am

The University of Wisconsin, ASPI, and Hyatt Regency San Francisco reserve the right to restrict exhibits that become objectionable for any reason, including noise and method of operation. We also reserve the right to prohibit or evict any exhibits that, in our opinion, may detract from the general character of the exhibits.

Please make check payable to University of Wisconsin-Madison and mail to:

Sarah Mroz
Alliance of State Pain Initiatives
University of Wisconsin-Madison
1300 University Avenue, Room 4720
Madison, WI 53706
Phone: 608-265-2760 Fax: 608-265-4014
E-mail: scmroz@wisc.edu

ALLIANCE OF STATE PAIN INITIATIVES
1300 University Avenue, Room 4720, Madison, WI 53706
Phone: 608.265.4013 • Fax: 608.265.4014 • Web: www.aspi.wisc.edu

*A program of the University of Wisconsin School of Medicine and Public Health
Paul P. Carbone Comprehensive Cancer Center*



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We agree to abide by all requirements, restrictions, and obligations mentioned on the attached exhibit information sheet and to staff the exhibit during all exhibit hours.

Organization/Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Short Description of products/services to be displayed: _____

Names and credentials of representatives who will be in attendance at the meeting (please print clearly):

Name: _____

Name: _____

Email: _____

Email: _____

Upgrade to participant registration

Upgrade to participant registration

Exhibitor Registration Fees: Corporation: \$550.00 Small Business: \$350.00 Non-Profit: \$150.00

Additional Fees: Electricity: \$100.00 Additional Exhibitors: \$25.00/person x _____ person(s)

Internet access: \$375.00 Registration upgrades: \$150.00/person x _____ person(s)

Total fee enclosed: \$ _____

This Application and Contract is by and between the Alliance of State Pain Initiatives (ASPI) and the above exhibiting company or organization (referred to as "Exhibitor"). ASPI reserves the right to modify the exhibit floor plan to accommodate Exhibitor booth space requirements and sales.

Exhibitor agrees to abide by the terms of this contract and assumes the entire responsibility and liability for losses, damages, and claims arising out of injury or damage to Exhibitor's displays, equipment, and other property brought upon the premises of the hotel and shall indemnify and hold harmless the Hyatt Regency San Francisco, the Alliance of State Pain Initiatives, and any company or organization appropriately contracted by the same from any and all such losses, damages, and claims.

The individual signing on behalf of the Exhibitor warrants that he/she is authorized to do so.

Authorized Signature

Title

Date

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