



Booth Requirement Form

The following Exhibitor will attend the 62nd ANNUAL SESSION:

COMPANY NAME:

ADDRESS:

CITY:_____ STATE:____ ZIP CODE:_____ PHONE:()_____

HOME OFFICE CONTACT:_____ PHONE:()_____

LOCAL REPRESENTATIVE:_____ PHONE:()_____

NAMES OF ALL COMPANY REPRESENTATIVE(S) ATTENDING
[maximum of two (2) per booth space]:

I WOULD LIKE TO RESERVE THE FOLLOWING RESOURCES:

_____ Single - 8' X 10' SPACE(S) @ \$2,000.00 EACH

_____ Double - 8' X 10' SPACE(S) @ \$3,250.00 EACH

_____ 110 VOLT ELECTRICAL OUTLETS @ NO CHARGE

Telephone lines, DSL connections, etc... can be arranged but there will be additional booth charges.



Complete all three (3) of the following:

1. As an exhibitor applicant, I have reviewed the following documents:
 - a. Information letter
 - b. Rules & Regulations Governing Exhibits
 - c. BR Form
 - d. ARI Form

SIGNATURE OF REPRESENTATIVE

2. Official meeting registration and payment must be made at the ANNUAL SESSION page of the Academy website: www.AAOMR.org

3. PLEASE RETURN SIGNED HARD COPIES OF:
 - i. BR Form
 - ii. ARI Form

via USPS or other courier PRIOR to November 23, 2011 to:

Dr. Kenneth Abramovitch
Exhibits Chairman, AAOMR
c/o Section of Radiology
The University of Texas School of Dentistry
6516 M.D. Anderson Blvd., #1.072
Houston, TX 77030- 3402

Tel: 713-500-4109
Fax: 713-500-0412
Kenneth.Abramovitch@uth.tmc.edu