



DNA 2009 APPLICATION & CONTRACT FOR EXHIBIT SPACE

We hereby apply for exhibit space as follows, with booth assignment priority given first to sponsors, then DNA Members, 2008 exhibitors and finally to all others through September 1, 2008.

Event: 27th Annual Convention

Convention Dates: March 4-7, 2009
Exhibit Program Dates: March 4-6, 2009

Venue: Grand Ballroom AB

San Francisco Hilton, San Francisco California USA
333 O'Farrell St, San Francisco CA 94102-2116

NEW for 2009: 10'x10' BOOTHS, RATE: (check one)

COMMERCIAL \$1,950.00 USD
NON-PROFIT \$600.00 USD

For more information, contact

Chris Brown CEM CMP, Exhibits Manager
15000 Commerce Parkway, Suite C, Mt. Laurel NJ, 08054-2212
Phone: 856-642-4401, Fax: 856-439-0525, E-mail: cbrown@ahint.com

Final Convention Program Book Information

Company Name _____

Address _____

City State Zip _____

Main Phone Number _____

Main Fax Number _____

Customer Service E-mail _____

Web site _____

Exhibit Program E-Mailing Contact Information

Contact Name _____

Contact E-mail _____

Title _____

Company Name _____

Mailing Address _____

City State Zip _____

Cell Phone _____

Office Phone _____

Fax _____

Product Description: Please provide an optional 50-word description of your exhibit display and products that will be included in the Convention Program. Copy exceeding this limit will be edited. Deadline January 15, 2009 to be included within the Program. Please e-mail your write-up to cbrown@ahint.com

Choice of Booth(s) and Total Booth Cost:

(See floor plan. Provide at least three choices) _____
Number of 10'x10' Booths Requested: _____ times Unit Price per Booth

Total Booth Cost \$ _____

Total Enclosed \$ _____

Payment: 50% of the total booth cost is due with this completed application. 100% is due for all exhibitors by September 1, 2008, or applications submitted after September 1, 2008. DNA Tax ID No. 22-2485816.

Company Check

Checks must accompany completed application. Payable Dermatology Nurses' Association. Mail to address above.

Credit Card: Full Payment Deposit Payment Balance Due
American Express Visa MasterCard

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____

Charge Dollar Amount \$ _____

Signature _____

Rules and Regulations: All provisions published in the prospectus, web site or via e-mail messages shall be part of this contract. Exhibit Management may re-assign exhibit space at any time for the good of the show.

Cancellation or Downsizing of Booth Space: Notice to Exhibit Mgt. must be received in writing by 9/1/2008 to receive a 50% refund. If space is cancelled or downsized on or after 9/1/2008, exhibitor is liable for full payment. No refunds are available for cancellations on or after 9/1/2008.

DNA 2009 Tentative Show Schedule, Subject to Change: Move In: Tuesday, March 3, after 1:00 PM and throughout the day, Wednesday, March 4 Show Days/ Times: Wednesday, March 4 – Evening Reception with Exhibitors
Thursday, March 5, 2009 – Exhibits Open during the day
Friday, March 6, 2009 – Exhibits Open during morning to early afternoon
Dismantle: Friday, March 6, 2009 – Exhibits close mid afternoon. All exhibit dismantle concludes at 9:00 PM.

DNA Use Only

Date Received _____

Booth Size / Assigned _____

Price \$ _____

Date/Method _____

Balance \$ _____

