



# IMMUNOLOGY 2011™

## 98<sup>th</sup> ANNUAL MEETING THE AMERICAN ASSOCIATION OF IMMUNOLOGISTS

Meeting Dates: May 13–17, 2011 • Exhibit Dates: May 14–16, 2011 • Moscone Center • San Francisco, California

**Instructions: Complete and return this application to reserve your space.** Available exhibit space will be assigned on a first-come, first-served basis upon receipt of this document. A non-refundable deposit of \$1,000 per 10' x 10' booth is due with the application; the balance is due by December 15, 2010. **For applications submitted after October 31, 2010, full payment is due with the application.** Sponsorships/Additional Marketing Opportunities are nonrefund-

Company \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip/Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Total number of booths requested \_\_\_\_\_

Location Preference: ☐ Corner \$2,900

☐ Inside \$2,600

We prefer the following booth locations (in priority order):

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

We will exhibit the following products/equipment/services:

If possible, we would like to be located near (other exhibitor names)

If possible, we would NOT like to be located adjacent to or directly across from

### Sponsorships/Additional Marketing Opportunities:

- ☐ **Cyber Centers** (wired) ..... 2 @ \$10,000 ea. \$ \_\_\_\_\_
- ☐ **Meeting Bag** ..... \$ **SOLD**
- ☐ **Refreshment Carts** Service for 100 ..... \$1,500 \$ \_\_\_\_\_  
Service for 300 ..... \$3,000 \$ \_\_\_\_\_
- ☐ **Exhibit Hall Banner** ..... \$2,500 \$ \_\_\_\_\_
- ☐ **Lanyards** ..... \$ **SOLD**
- ☐ **Meeting Bag Insert** (subject to availability) ...\$3,000 ea \$ \_\_\_\_\_
- ☐ **Marketing Literature in Meeting Bag** (limited to 5) ..... \$3,000 \$ \_\_\_\_\_
- ☐ **Hotel Key Cards** (each hotel) ..... \$3,000 \$ \_\_\_\_\_
- ☐ **Workshop** ..... \$1,000 \$ \_\_\_\_\_
- ☐ **Pre-Show Attendee List** ..... \$900 \$ \_\_\_\_\_
- ☐ **Post-Show Attendee List** ..... \$700 \$ \_\_\_\_\_
- ☐ **Product Showcase** ..... \$500 \$ \_\_\_\_\_
- ☐ **Announcement of your Booth Raffle** ..... \$100 \$ \_\_\_\_\_

**SPONSORSHIP TOTAL** \$ \_\_\_\_\_

In accordance with the following terms, conditions, and regulations governing exhibits of the IMMUNOLOGY 2011™ at the Moscone Center in San Francisco, CA, May 13–17, 2011, the undersigned hereby makes an application for exhibit space(s) which, when accepted by the AAI Exhibit Management, becomes a contract. Terms and conditions listed in the attached *AAI Exhibit Floor Rules and Regulations* and at **www.IMMUNOLOGY2011.org** are a part of this contract. The undersigned agrees to abide by all rules, requirements, restrictions and regulations as set forth in this agreement or as may be especially designated by AAI Exhibit Management, the convention center, the official general services contractor as well as any city, state and federal regulations. Failure to abide by such rules and regulations results in forfeiture of all monies paid or due AAI under the terms of this agreement.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

The American Association of Immunologists, Inc., (AAI) reserves the right, in its sole discretion, to accept or deny applications for exhibit space and to allocate space among exhibitors. In the case of a denied application, all monies collected by AAI Exhibit Management will be refunded to the exhibiting company.

**PAYMENT:** TOTAL EXHIBIT FEES \$ \_\_\_\_\_  
TOTAL SPONSORSHIP \$ \_\_\_\_\_  
**TOTAL DUE** \$ \_\_\_\_\_

Please make checks payable to The AAI, Inc., in U.S. dollars drawn on a U.S. bank

### Cancellation Policy

The \$1,000 per booth deposit and all sponsorship payments are non-refundable. If full payment is not received by December 15, 2010, booth space will be cancelled and immediately released to other companies interested in exhibiting. **After December 15, 2010, all sales are final and any deposit or fee payment is non-refundable.**

### Bill my credit card:

Billing Name \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

Card # \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Submit Application to:

AAI Exhibit Sales, c/o IAS, Victoria Geis or Stacy Bowdring  
103 Oronoco Street, Suite 200, Alexandria, VA 22314

**email:** AAIExhibits@IAS-online.net

**FAX:** (703) 548-3733

**Phone:** (703) 212-4961

**For Official Use Only:** Date Received \_\_\_\_\_ Time \_\_\_\_\_