Expo Suite Application Form

Reserve an Expo Suite to Meet with Special Clients

Take advantage of this opportunity to secure exhibitor meeting space on the show floor. Exhibiting companies can rent an Expo Suite to be used during exhibit hall hours only. The Expo Suites are great for sales meetings, staff lounge, and client meetings. They may not be used for exhibits or subleased. All exhibit rules and regulations published in the exhibit prospectus and service kit must be followed. Companies are responsible for all costs of furniture, audio-visual, electrical, food and beverage, internet, phone, and security. Please utilize order forms from the exhibitor service kit. Registered attendees and exhibitors are the only people who will have access to the expo meeting suites.

Expo Suites are available during the following dates and times:
Monday, April 30     9 a.m.-4:15 p.m.
Tuesday, May 1      9 a.m.-4:15 p.m.
Wednesday, May 2    9 a.m.-2:15 p.m.

Expo Suite Rental includes:
8’ high gray MIS wall system with lockable door (no changes to room layout)
Midnight blue (blue/black) standard carpet
14”x22” sign designating your company name and suite number
No graphics on the outside of the Expo Suite. Graphics for inside of the Expo Suite must be ordered from Freeman.

Expo Suites will be assigned on a first come, first served basis. Please let me know if there are companies you do not want to be placed near. _____________________________________________

-----------
Company Name as you want it to appear on sign.
Address
City/State/Zip
Telephone    E-mail
Contact Person    Title

Expo Suite Fee (Payment is due with application. No refunds will be made on Expo Suites.)

□ 10’x10’ $3,700 Name on Credit Card: ____________________________
□ 10’x20’ $7,400 Credit Card number: ____________________________
□ VISA    □ MasterCard Expiration date: ____________________________ CCID: ____________________________
□ American Express

Return completed application form to Kim Schrader, Exhibits Manager
American Association of Neurological Surgeons
5550 Meadowbrook Drive, Rolling Meadows, IL 60008
Phone: 847.378.0552 Fax: 847.378.0652
Email: kls@aans.org