



AACA Regional Meeting
A.T. Still University
Mesa, AZ 85206
October 7, 2017

Exhibitor Registration Form

DEADLINE for SUBMISSION: September 1, 2017

Please register _____ for the AACA 2017 Meeting on Saturday, October 7, 2017 at A.T. Still University in Mesa, Arizona.

Number of people attending from the company _____

Registration Fee is **\$400 for first table** (fee includes registration for 2 exhibit staff) **\$300 for second table** with an additional staff person. (Registration fee includes admission to all presentations, breakout sessions, breakfast, lunch, and snack breaks. Please check with AACA main office (ashamp@asginfo.net) for sponsorship openings.

Name(s): _____

Preferred name(s) for nametag _____

Address: _____

Phone: _____ E-mail: _____

Contact person _____

First Name

Last Name

Vendor Exhibit needs: _____ Electrical outlet _____ Internet Access _____

For ADA Accommodations please check here

_____ 1st table _____ 2nd table _____ Total \$ _____

FAX to 706.883.8215, e-mail as attachment to ashamp@asginfo.net

Or postal mail to:

AACA
251 S. L. White Blvd.
P.O. Box 2945
LaGrange, GA 30241-2945

A check is enclosed, payable to AACA _____

Credit Card: ___ Visa ___ MC ___ American Express ___ Discover Card # _____

Dollar amount to be charged to card: US \$ _____ .00 Exp. Date: _____ CSV: _____

Name listed on card: _____ Billing address zip code: _____

EXHIBIT RESTRICTIONS

AACA reserves the right to refuse rental of display space to any company whose display of goods or services is not likely to be, in the opinion of AACA, compatible with the general character and objectives of the exposition. The conference is a "closed trade show" designed to provide a showcase for equipment, goods, and services used by the participants of the American Association of Clinical Anatomists. AACA will refund the deposit of any prospective exhibitor whose Exhibitor Application is not accepted by AACA.

AACA reserves the right to restrict exhibits which, because of noise, method of operations, or any other reason are deemed objectionable, and may also prohibit or evict any exhibit which, in the opinion of the Executive Committee of AACA, may detract from the general character of the show. In the event of such restrictions or eviction, the AACA is not liable for any refunds, rentals or other exhibit expenses.

Vendor Information for Human Anatomical Specimens at AACA Meetings

Please complete the following:

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email/Web Address _____

Responsible Party (company representative):

Name _____

Phone: _____ Email: _____

Will human specimens be (check all that apply):

Displayed [] Offered for loan [] Offered for sale []

Who is the legal custodian of the specimens (legal donation recipient)?

Company _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

URL _____

Please use a separate sheet to list any and all restrictions for the display, loan and/or sale of human anatomical specimens from the legal custodian as well as the volume, preparation type and description of the specimens you wish to bring to the AACCA meeting (In general, fresh and/or wet specimens will not be allowed). Please attach a donation authorization template and a signed letter on letterhead from the legal owner (if applicable) that provides permission for the activities described herein. Your signature indicates that you have received and understand the AACCA policy for vendors and that you are solely responsible for the accuracy of the information provided and for all activities with human anatomical specimens in your care.

Signature _____

Date_____

For official AACCA use only:

Approved/Denied

Comments: _____

