

AAO-HNSF 2011 Annual Meeting & OTO EXPO

Exhibitor Meeting Space Application



EXHIBITOR RULES & REGULATIONS

1. Meeting/function space is only available to companies exhibiting during the AAO-HNS/F 2011 Annual Meeting & OTO EXPO. For additional information on exhibiting, please contact Paul Bascomb, Exhibit Manager at 703-535-3778.
2. Type of Function:
 - a. **A Focus Group:** An informal fact-finding group of 50 people or less brought together to assess the feasibility of a product, procedure, or idea.
 - b. **An Investigator Group:** A group of 50 people or less brought together to discuss a specific study, element, or product.
 - c. **Hospitality Suites:** Hospitality suites in an official Joint Meeting hotel may be used as an office or central gathering point and may be arranged on a 24-hour hold. All hospitality events must be conducted during approved affiliate meeting hours.
 - d. **Sales & Training Meetings:** Attendance is limited to the staff of the exhibiting company. No date and time restrictions apply.
3. All requests for meeting/function space must go through the AAO-HNS/F Meetings Department. This includes any function held outside AAO-HNS/F designated space.
4. Meetings may be conducted during the following hours:

DATE	MORNING	EVENING
Saturday, Sept. 10	Anytime	Anytime
Sunday, Sept. 11	End by 8:00am	After 5:30pm
Monday, Sept. 12	End by 8:00am	After 5:30pm
Tuesday, Sept. 13	End by 8:00am	After 5:30pm
Wednesday, Sept. 14	End by 8:00am	After 3:30pm
5. Meeting Space will not be approved within the Boston Convention & Exhibition Center or any Official AAO-HNS/F Hotels for Exhibitors conducting poster and/or education presentations or other research or scientific programs. If you are interested in supporting a Corporate Sponsored Symposia during the Annual Meeting & OTO EXPO, please contact alsa@entnet.org for additional information.
6. Once submitted, the AAO-HNS/F will review the application. If approved, function space will be assigned on a first-come, first-served basis. Once space is assigned, a confirmation will be sent with the contact of the hotel you will work directly with to finalize arrangements.
7. Third Party Planners: Exhibitors who choose to use a third party planner or medical education company, must submit a letter on company letterhead naming the third party as being authorized to handle planning responsibilities on the exhibitor's behalf. This letter must accompany the Meeting Space application. Applications received without an authorization letter will not be reviewed.
8. **Any and all costs for services levied by the hotels or other vendors associated with exhibitor meetings are the sole responsibility of the exhibitor. AAO-HNS/F is not responsible for payment of any services connected with the event.**
9. **The Submission Deadline for all applications and required documentation is July 15, 2011.** An email notification will be sent to verify receipt of your completed application.
10. Companies will be notified by **August 8, 2011** of meeting space approval and placement. Please do not call or email prior to this date.
11. Companies who contact hotels on their own or otherwise attempt to circumvent the Academy's space assignment process are subject to denial.
12. AAO-HNS/F reserves the right to accept, reject or condition acceptance, based on AAO-HNS/F's sole discretion, for any reason, which need not be disclosed to the applicant. All outstanding obligations to AAO-HNS/F by the exhibitor, including payment of all debts must be fulfilled.
13. Cancellation of exhibit space will result in the immediate cancellation of confirmed meeting space assignment.
14. The exhibitor shall protect, indemnify, hold harmless and defend AAO-HNS/F, its officers, directors, agents and employees against all such claims, liabilities, losses, damages and expenses, including reasonable attorneys' fees and costs of litigation; provided that the foregoing shall not apply to injury, loss or damage caused by or resulting from the negligence of AAO-HNS/F, its officers, directors, agents or employees.
15. If you have any questions, please contact Samantha Cribari at alsa@entnet.org for assistance.

AAO-HNS/F has the full authority to interpret or amend these rules at its sole discretion. All decisions will be final. Exhibitors agree to abide by any rules and regulations that may hereafter be adopted. All matters or questions not covered by the above rules and regulations are subject to the discretion of AAO-HNS/F. These rules and regulations may be amended at any time by AAO-HNS/F, and all amendments shall be equally binding on all parties. In the event of any amendment or addition to these guidelines, written notice will be given by AAO-HNS/F to such parties.



FUNCTION TYPE

Please Indicate the Type of Function:

EXHIBITOR: Focus Group Investigator Meeting Sales Training Hospitality Suite Other _____

CONTACT INFORMATION

Name of Company _____ Booth# _____

Primary Contact Name and Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____ Fax _____

MEETING INFORMATION

Name of Meeting: _____

Purpose of Meeting _____

Day/Date _____ Start Time _____ End Time _____ # of Attendees _____

Type of Attendees: Otolaryngologist/Physician Exhibitors Company Staff Other _____

<p>Meeting Setup <input type="checkbox"/> Conference <input type="checkbox"/> Schoolroom <input type="checkbox"/> Rounds <input type="checkbox"/> Hollow Square/U-Shape <input type="checkbox"/> Other _____</p> <p>AV Requirements <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please indicate the av equipment will you need: <input type="checkbox"/> LCD Projector <input type="checkbox"/> Screen <input type="checkbox"/> Microphone <input type="checkbox"/> Flipcharts <input type="checkbox"/> TV/DVD</p>	<p>Preferred Facility</p> <p>1st Choice _____</p> <p>2nd Choice _____</p> <p>3rd Choice _____</p>
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APPLICATION FEE

Administrative Fee:	Up to – June 27	After June 27th
<i>(All Administrative Fees are non-refundable)</i>	\$350.00 per Function	\$500.00 per Function

Method of Payment Check Visa MasterCard American Express

Please include credit card information or mail your check or money order, made payable to AAO-HNSF, with completed application to AAO-HNSF, Attn: Meetings, 1650 Diagonal Road, Alexandria, VA 22314. Applications received without payment will not be processed. **By completing the following information, I am authorizing the application fee to be applied to my credit card. I have read and understand and agree to the AAO-HNSF guidelines and restrictions.**

Credit Card Number _____ Expiration Date _____

Cardholder's Name _____ Cardholder's Signature: _____

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