

Exhibit Space Application

2010 ASBH Annual Meeting

Hilton San Diego Bayfront Hotel - San Diego, CA

Meeting Dates: October 21-24, 2010

Exhibit Dates: October 21-23, 2010

Reach more than **800 healthcare professionals**, educators, consultants, and others who have an interest in the field of clinical and academic bioethics and the health-related humanities. Pricing for the first table is \$750 and \$500 for each additional table.

EXHIBIT SCHEDULE

Thursday, October 21

Exhibitor Set-up 1:00 – 5:00 pm
Opening Reception 5:30 -7:00 pm

Friday, October 22*

Exhibits Open 7:00am-5:00pm
Continental Breakfast 7:00am-9:00am
Coffee Breaks 10:15am & 2:30pm
Meet-the-Authors 11:30am-12:45pm

Saturday, October 23*

Exhibits Open 7:00am-1:30pm
Continental Breakfast 7:00am-9:00am
Coffee Break 10:15am-10:30am
Exhibitor Teardown 1:30pm-3:00pm

**Please check onsite schedule for possible time changes. Each booth must be staffed at all times during the published exhibit hours.*

The table top space includes:

- identification sign
- 6' draped table
- 2 chairs
- registration list of meeting attendees
- copy of program book
- reception, continental breakfast, and breaks on exhibit day(s)

We will need electrical or Internet hookup. (Check the boxes that apply. Electrical and Internet services form with pricing will be provided directly by the hotel.)

ASBH reserves the right to accept or reject any signed application tendered to it, and no contract is binding until and unless it is accepted by ASBH with full payment. ASBH tax identification number is 36-4211258. The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitors activities on the Hotel premises and will indemnify, defend, and hold harmless the Hotel, its agents, servants and employees from any and all such losses, damages and claims. Make a copy for your records, and return the application **with full payment. Space will be assigned only upon receipt of full payment.**

Company Name _____

Contact Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Payment Method: Check (Made payable to ASBH) MasterCard Visa Amex Discover

Credit Card #: _____ Exp. Date: _____

Name on card: _____

Signature: _____

Send payment to:

ASBH
Attention: Sourma Khoury
PO Box 3781
Oak Brook, IL 60522

Email: skhoury@connect2amc.com
Phone: 847/375-4829
Fax: 847/375-6463

Hotel Inquiries

Hilton San Diego Bayfront Hotel
1 Park Blvd.
San Diego, CA 92101
Phone: 619/564-3333
Fax: 619/564-3344

\$249 single/double
Hotel cut-off date: 09/10/10