

**THE AMERICAN SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY
2010 BIENNIAL APPLICATION FOR EXHIBIT SPACE**

We, the undersigned, hereby make application for exhibit space for:

**ASCCP's Biennial Meeting
March 24 - 27, 2010
Green Valley Ranch Resort
Las Vegas, Nevada**

We understand that exhibit assignments will be made on a first come, first served basis, and only after receipt of payment in the amount of **\$2000.00** per exhibitor booth. In the case of cancellation, a refund of **\$1900.00** will be possible, only if a written notice is received on or before February 22, 2010. Please make check payable to "ASCCP".

NUMBER OF EXHIBIT BOOTH(S)

_____ @\$2000 per booth

_____ @\$1500 per booth (By selecting this fee you are attesting that for each booth purchased you will provide 2 LEEP machines with smoke evacuator, grounding pads, cord, and electrodes.)

First Booth Choice(s): _____ Second Booth Choice(s): _____

Third Booth Choice(s): _____

The following individuals will represent our Company at ASCCP's Biennial Meeting, March 24-27, 2010 (two (2) Exhibitor Name Badges allowed per 10'x10' booth). *This list must be received 20 days prior to the meeting to assure printed name badges.*

Additional individuals representing our Company @ \$150 each:

Products or services to be displayed:

Total Amount Enclosed: \$ _____

Champion Exposition Services is the official exposition management company for the Biennial Meeting. They will contact you with more information.

I have read and agree to adhere to the codes and regulations as outlined in the Exhibitor Information and Regulations.

Signature

The following exhibitor information will appear in the program syllabus:

Company Name: _____

Address: _____

City/State/Zip Code: _____

Telephone (_____) _____ Fax (_____) _____

Website Address _____

Products/Services Offered _____

Authorized By: _____ Title _____

Signature: _____ Date _____

Method of Payment: Check Visa MC Am Card CVS Code _____

Credit Card Number _____ Expiration Date _____

Name as it appears on credit card _____ Signature _____

ASCCP Authorization _____ Date _____

Please mail/fax/email this form along with payment to:
ASCCP - 152 West Washington Street - Hagerstown, MD 21740
Fax Number: (301) 733-5775
Telephone Number: (800) 787-7227 toll-free (301) 733-3640 direct
www.asccp.org - dmccain@asccp.org