AMSUS 2024 Annual Meeting Exhibitor Application

Organization Information

Company/Organization Name (*as you wish to have it appear at your booth*):

Street Address:

City/State/Zip:

Website:
**You will be asked to provide an electronic high-resolution version of your company logo for promotional materials*

Primary Point of Contact (*additional booth staff can be added in registration*):

Title:

Email address: Phone number:

What areas do you operate in (*select all that apply*)
◯Behavioral Health ◯Dental ◯Diabetes ◯Mental Health

◯Public Health ◯Rare Disease ◯Wound Care ◯Other (*please specify*)

Do you currently do business with the Federal Government? ◯Yes ◯No

Exhibitor Rates (*Booth includes carpet, draped 6 ft. table, two chairs and one small wastebasket*)

AMSUS Members, Federal Agencies $3,000 | Non-Members $4,500
Tabletop Display* $1,500
**Media Partners & Recruiters ONLY, Requires AMSUS Approval*

Booth Preferences (*Please indicate your top three choices; indicate if you want more than one booth*)
1. 2. 3.

Payment Information

Amount ◯AmEx ◯MasterCard ◯Visa ◯Wire/ACH ◯Check
Card Number Exp. Date CVV

I have read this application and the cancellation policy and understand and accept its terms
Authorized Name: Date:

Exhibit Cancellation Policy: If written notice of participation cancellation is received before December 31, 2023, the Exhibitor shall pay a cancellation fee equal to 50% of the total exhibit fee. Exhibitors who submit their application on or after January 1, 2024, are responsible for the full (100%) exhibition fee, even in the event of cancellation any time thereafter.