

Exhibit Theater Application

2010 ACMG Annual Clinical Genetics Meeting • March 24-28, 2010 • Albuquerque Convention Center, Albuquerque, NM

Deadline for Receipt of Form: December 18, 2009

MAIL, EMAIL, OR FAX COMPLETED FORM TO:

ACMG Exhibits • 5810 Kingstowne Center Drive, #120-713 • Alexandria, VA 22315

Fax: (703) 783-0501; email: jdahlroth@acmg.net (*Faxed and emailed applications MUST be accompanied by credit card payment*)

COMPANY INFORMATION

EXHIBIT COMPANY NAME:			
CONTACT PERSON SUBMITTING APPLICATION:		TITLE:	
ADDRESS:			
CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:	COUNTRY:
TELEPHONE:	FAX:	EMAIL:	

NOTE: Two theaters are available, providing 6 available sessions each day for a total of 12 Exhibit Theater sessions. Exhibit Theaters are not approved for CME credit.

PREFERRED TIME SLOT

Please select one time slot at time of application. Additional time slots may be available based on demand, but cannot be confirmed until after the initial submission deadline date. **NOTE: Final assigned time slot will depend on number of applications submitted and topics, so that similar topics are not scheduled simultaneously.**

FRIDAY, MARCH 26:

- 11:30 a.m. – 12:00 p.m.
 12:00 p.m. – 12:30 p.m.
 12:30 p.m. – 1:00 p.m.

SATURDAY, MARCH 27:

- 11:30 a.m. – 12:00 p.m.
 12:00 p.m. – 12:30 p.m.
 12:30 p.m. – 1:00 p.m.

FEE

\$1,500 per session

SESSION INFORMATION

Please provide the following session information to assist the Program Committee in reviewing and scheduling sessions. (*Only session title and speaker will be listed in final ACMG materials.*)

1. Session Title: _____

2. Speaker(s) name(s) and credentials exactly as to appear in the Program: _____

3. Presentation format (i.e. lecture, video, hands-on demonstration, etc.): _____

4. Brief content description: _____

5. Learning outcomes (2-3): "By the end of the session the participant will be able to..." _____

PAYMENT (\$1,500 per session)

Application must be accompanied by payment in full. For institutional purposes, the ACMG's Federal ID # is 52-1774227.

- Check (made payable to the American College of Medical Genetics (ACMG) in U.S. funds.)
 Credit Card: Visa MasterCard American Express

CARD NUMBER: _____

EXP. DATE: _____

3- OR 4-DIGIT SECURITY CODE: _____

NAME OF CARD HOLDER: _____

BILLING ADDRESS: _____

SIGNATURE: _____

Confirmed Exhibit Theater presentations that are cancelled prior to the meeting are subject to a 50% non-refundable fee of the total Exhibit Theater fee.

AGREEMENT

The individual signing this contract is an authorized representative of the company with the full power and authority to sign and deliver this agreement. A signature on this application indicates understanding and agreement to comply with all policies terms and conditions in the Prospectus, including but not limited to the Exhibitor Terms and Conditions, and any others issued by ACMG regarding the Annual Clinical Genetics Meeting.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

DATE: _____



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