



62nd Annual Scientific Meeting - June 25-26, 2010

Hotel Hershey

EXHIBIT RESERVATION FORM

www.paallergy.org

Company Name: _____
(as it will appear in course materials)

Contact Name: _____ Email: _____

Address: _____

Telephone: _____ Fax: _____

Meeting Badges Needed for (2 representatives per table; additional fee of \$25 for each additional representative):

Exhibit Table: Support of \$5,000.00 will be designated as an exhibitor. Acknowledgement will be made in our on-site brochure and associated literature distributed during the meeting. A single-table space in the exhibit area and company representatives (up to two people) will be permitted at the meeting.

Electric Yes, please provide an electrical source to my exhibit table.

If possible, please do not place our exhibit next to the following companies: _____

\$_____ deposit or full payment is enclosed. Make Check Payable to Pennsylvania Allergy & Asthma Association

I understand and agree to follow the policies of the ACCME's STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION and the guidelines of the American Medical Association set for physicians in support of PAAA's 62nd Annual Scientific Meeting.

Hold Harmless Clause: The exhibiting company assumes responsibility and hereby agrees to protect, indemnify, defend and save the Pennsylvania Allergy & Asthma Association, The Hotel Hershey, Penn Expo Services and their employees and agents harmless against all claims, losses and damages to persons or property, governmental charges or fines and attorneys fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or part thereof, excluding any such liability cause by the sole negligence of The Hotel Hershey, its employees and agents.

In addition, the exhibitor acknowledges that the Pennsylvania Allergy & Asthma Association, The Hotel Hershey and Penn Expo Services do not maintain insurance covering the exhibitor's property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor.

Educational Grant Support:

If you are providing an educational grant and would like to display at the meeting, you must purchase an exhibit table separately from the educational grant due to CME requirements.

Contact my company regarding \$_____ educational grant. Applicable contact information is listed below.

Name: _____ Telephone: _____

Website: _____ Email: _____

Make check payable to PAAA and return completed form by June 11 with payment to: PAAA

Attn: Lauren Ramsey, CMP

PO Box 8820

Harrisburg, PA 17105-8820

lramsey@pamedsoc.org or fax to 717-558-7841

All educational grants must be fully executed by June 17, 2010 due to CME requirements. No exceptions.