

**EXHIBITOR APPLICATION FORM**  
**AOCD New Trends in Dermatology Meeting & Expo**  
**Fall Denver CO Sept. 22-25, 2022**

To ensure exhibit space, complete this application and mail to PO Box 7525, Kirksville, MO 63501 or fax to 660-627-2623. Deadline for receipt of exhibit fee is **Friday, Sept 9th, 2022**. Space is assigned as a “first come first served” basis. **Exhibitors are prohibited in scheduling outside events during AOCD Meeting events.**

**ONLINE REGISTRATION IS ALSO AVAILABLE [HERE](#)**

Exhibit cost with sponsorship

Gratis	Diamond, Platinum Corporate Sponsors \$30,000.00/\$25,000.00
\$500.00	Gold Corporate Sponsors \$20,000.00
\$750.00	Silver Corporate Sponsors \$15,000.00
\$1,000.00	Bronze Corporate Sponsor \$10,000.00
\$1,500.00	Pearl Corporate Sponsor \$5000.00
\$3000.00	Vendor only

Company Name \_\_\_\_\_

Company Contact Email \_\_\_\_\_

\_\_\_\_\_ Entire Conference \$3,000.00

\_\_\_\_\_ **I will require electricity, internet, telephone, etc. (additional fees may apply)**

\_\_\_\_\_ I have enclosed a check.

\_\_\_\_\_ Please bill my credit card for the amount \$ \_\_\_\_\_

**\*Please contact [jwise@aocd.org](mailto:jwise@aocd.org) for a credit card payment form\***

**Cancellation and Refund Policy:**

Full refunds (less \$100 processing fee) are available if requested in writing at least one month prior to the date of the program. The AOCD is not responsible for “acts of god” such as inclement weather, delays in airline travel or governmental restrictions on travel due to national emergencies. Refunds will not be made if participants are delayed or unable to attend because of these issues.

**On Site Security:** The AOCD is not responsible for any loss or damage to exhibitor property.

**Vendors should be sure to pack their own tape, shipping labels, box cutters, and any tools needed for assembly of exhibit display. The AOCD staff does not supply this.**

**Badges:**

Badges are not be mailed prior to the conference. Exhibitor badges will be available for pickup during registration hours and will be held under the company name. Exhibitors are encouraged to wear their own company-supplied name badges.

Exhibitor Representatives Attending (additional reps, please contact AOCD)

\_\_\_\_\_  
Name \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Email \_\_\_\_\_

If you are unsure at this time of the representatives who will be attending this meeting, forward their name(s) at your earliest convenience so that appropriate information can be sent to them. Please make checks payable to: AOCD, PO Box 7525, Kirksville, MO 63501.

