

Application and Contract for Exhibit Space
The Western Section American Urological Association, Inc.
86th Annual Meeting in Waikoloa, HI

Please read, complete and return this form to:

Exhibits Manager
 Western Section AUA Phone: (714) 550-9155
 1950 Old Tustin Avenue Fax: (714) 550-9234
 Santa Ana, CA 92705 Email: info@wsaua.org

Retain a copy for your records and return the completed original with a deposit of \$1,750 per exhibit. Receipt of application will be acknowledged in writing.

Make checks payable to the Western Section AUA. Tax ID: 95-6051202

Deposits/Refunds: The cost per booth is \$3,500.00. A \$1,750 deposit per booth must accompany this application. If deposit is not made within thirty days of space assignment notification, the space may be reassigned without notification. The balance is to be paid no later than August 25, 2010. Applications submitted after that date must be accompanied by full payment. Faxed applications are not considered received unless verbal or written confirmation is obtained.

Location: Hilton Waikoloa Village, 69-425 Waikoloa Beach Dr., Waikoloa, HI 96738. Phone: 808-886-1234 / Web: www.hiltonwaikoloavillage.com

Official Exhibit Service Company: ATTCO, INC.
 2855 Koapaka Street, Honolulu, HI 96819
 Phone: 808-836-1191 / Fax: 808-834-1046
 www.attcoinc.com / information@attcoinc.com

Meeting Dates: October 24- October 29, 2010
Exhibit set-up Dates: October 25 (12noon – 8:00 pm)
 October 26 (6:30 am – 7:00 am)
Exhibit Show Dates: October 26 - 28 (7:00 am – 12noon)
Exhibit move-out Date: October 28 (12:15 pm – 4:00 pm)
 (Preliminary schedule – subject to change)

All future contact will be addressed to signer, unless indicated below:

Name: _____
 Title: _____
 TEL: _____ FAX: _____
 Email: _____
 Address: _____

 City: _____ St: _____ Zip: _____

FOR OFFICE USE ONLY

Assigned Exhibit Space(s) _____
 Approved By: _____ Date ____/____/____
 Deposit \$ _____ Ck# _____ Date ____/____/____
 Balance \$ _____ Ck# _____ Date ____/____/____

Booth Selection:

After referring to the floor plan inside the Exhibitor Prospectus, indicate preferred booth or table top location by space number and the number of booths requested. Please spread your choices out. Each table top is 6' and each booth is 8' x 10'.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Total space(s) needed: _____ (max 3 booths/tables per company)

Exhibit space assignments will primarily be based according to the date the contract and deposit is received. Other determinants may also be used. Whenever possible, space will be assigned according to the exhibitors request; however, final arrangements will be determined by the WSAUA. The preferences given for exhibit location are for guidance and are not guaranteed.

Please indicate any specific competitors you do not wish to be near:

Please print or type exactly as you wish it to appear in the Exhibitor Directory:

Company Name: _____

Address: _____

City, ST, Zip: _____

TEL: _____ FAX: _____

Web: _____

Email: _____

Agreement: We, the exhibiting company, have received, read and accepted the Conditions for Exhibiting that accompanied the Exhibitor Prospectus for the 86th Annual Meeting of the Western Section AUA. We, and our representatives, agree to abide by the exhibitor rules and regulations, all of the terms of which are made a part hereof by this reference and fully incorporated herein, and to all conditions under which space at the Hilton Waikoloa is leased to the Western Section AUA.

Signature: _____

Print name: _____

Title: _____ Date: _____
