

CORPORATE WORKSHOP CONTRACT



ORLANDO
2020
APRIL 22-25

ROSEN SHINGLE CREEK • ORLANDO FLORIDA

COMPANY & CONTACT INFORMATION

Company Name: _____

Contact Name: _____ E-mail: _____

**Per AACD Board approved policy, the AACD Professional Education Committee (PEC) has final approval of the corporate presentations. Should a program or speaker be turned down by the PEC the decision may be appealed to the Board of Directors.*

Please complete a separate form for EACH workshop you will sponsor.

HANDS ON CORPORATE WORKSHOPS

Thursday - Morning/Afternoon

Friday - Morning/Afternoon

Saturday - Morning

***Attendance Limited**

Hands-on workshops are designed to familiarize attendees with particular techniques and/or materials in a three-hour hands-on experience.

These workshops are offered Thursday through Saturday at AACD 2020 and attendance is limited. Workshop set-up is classroom style with a maximum of 50 participants, but final attendance numbers will depend on room capacity. Workshops must devote at least 75% of the class time to hands-on clinical applications.

Corporate Workshops

Provide attendees with a hands-on experience to perfect their techniques with your materials and equipment.

Attendance will be limited to 50 participants (*preregistration required*). Time slots are available in the morning and afternoon each day.

Full Day Workshop (2 Sessions) \$9,000
(Morning & Afternoon Sessions) Thurs. Fri. (circle one)

Half Day Workshop (1 Session) \$6,000
Thurs. Fri. Sat. (circle one)

Repeat Date: _____ Time: _____

Topic: _____

Max Number of Participants: _____
(preferred number is 50)

Speaker Name(s):

1. _____

2. _____

Full payment is due when contract is submitted. All payments are non-refundable.

METHOD OF PAYMENT:

Invoice No.: _____ Amount: \$ _____

Credit Card No.: _____

Card Security Code: _____ Exp Date: _____

Name as it Appears on Credit Card : _____

Cardholder Signature: _____

Print Form

Email Form

//We have read and will abide by the conditions set forth in this contract, which the undersigned applicant agrees is part of this contract for sponsorship.

Date: _____

Authorized Signature/Title: _____

Return to:



402 West Wilson Street
Madison, WI 53703
Fax: 608.222.9540

E-mail: exhibits@aacd.com