



**AMERICAN ACADEMY
OF OROFACIAL PAIN**

**2018 Sleep & Pain Conference:
Understanding Sleep when Managing Pain
Exhibitor Registration Application**

November 2, 2018

Hilton O'Hare – Chicago, IL

Faculty Includes



Safwan Badr, MD, MBA



David Gozal, MD



Darrell Boychuck, DDS, MS



David Hatcher, DDS, MSc



Gilles Lavigne, DMD PhD

AAOP Mid-Year Sleep Conference – Understanding Sleep When Managing Pain

The American Academy of Orofacial Pain (AAOP) will host the AAOP Mid-Year Sleep Conference – Understanding Sleep When Managing Pain on November 2-3, 2018 at the Hilton O’Hare in Chicago, IL. **Exhibits will be displayed on Friday November 2, 2018 only.** You may register online and view full program information is available via the AAOP website: www.aaop.org. AAOP consists of a prestigious network of dentists, physicians, scientists, researchers, and health care professionals dedicated to comprehensive oral health care, Temporomandibular Disorders, Orofacial Pain management and Sleep Medicine. The focus of this meeting will be the relationship between sleep and Orofacial Pain. The Academy’s aim is to provide the latest scientific information, education and clinical applications to its members and attendees. The Academy also strives to encourage research and improved patient care. Attendance at this meeting is expected to be 100 influential professionals. Due to the intimate nature of this meeting the exhibit hall will be limited to 6 exhibitors. This market is rapidly growing and we invite you to showcase your products and services among the members and attendees at this AAOP Conference.

Exhibitor Fast Facts

Exhibit Schedule (Subject to Change)

Exhibitor Set-Up (Overnight security will be provided)

Thursday, November 1st - 6:00 pm to 8:00 pm or Friday, November 2nd – 7:00 am to 7:30 am

Exhibit Show Dates

Friday, November 2nd - 7:30 am to 5:00 pm

Exhibitor Dismantle**

Friday, November 2nd – 5:00 pm to 7:00 pm

** Exhibit booth dismantling is not permitted before 5:00 pm on November 2, 2018.

Anticipated Heavy Traffic Periods

Continental Breakfast 7:30 am to 8:30 am

Morning Break 10:00 am to 10:15 am

Lunch Break 12:00 pm to 12:15 pm

Afternoon Break 3:00 pm to 3:15 pm

Close of Meeting 4:30 pm to 5:00 pm

Exhibit Package and Pricing

Booth space consists of a tabletop display. (1) 6 ft. draped table, (2) chairs, wastebasket and (1) powerstrip. Exhibitor fees are \$1,300 for each display space which includes registration for 2 representatives.

Space Assignment/Payment

Space will be assigned on a first-come, first-served basis. Exhibit space will be confirmed, and assigned, based upon receipt of completed application accompanied by full payment in the form of check or credit card. Priority space is assigned in order of received registration.

Cancellation

Exhibitors must give written notice of cancellation by email, or US mail received by the cancellation date. If written notice is received prior to October 1, 2018, total cost less a 50% cancellation fee will be refunded to Exhibitor if the booth is not resold. If the booth is resold a full refund less \$100 will be granted. No refunds will be given for any cancellation after October 1, 2018.

Hotel Location/Accommodations

The AAOP Mid-Year Sleep Medicine meeting will convene at the Hilton O’Hare in Chicago, IL. The hotel is holding a block of rooms with a single/double room rate of \$145.00++/night. You may make your reservations early by visiting our web link to book online at www.aaop.org and select the meetings tab/AAOP Sleep and Pain Conference. A hotel link will also be sent to you in your registration confirmation email. If you are flying to Chicago, the hotel is attached to the O’Hare International Airport so there is no need to arrange for ground transportation.

Exhibit Hall Location

The Exhibit Hall will be located in the passageway leading to the Grand Ballroom. Attendees will enter and exit the meeting room through the exhibit hall.

Terms and Conditions

All exhibitors agree to abide by the [Terms and Conditions of Exhibiting at an AAOP Event](#).

REGISTRATION INFORMATION

Name of Company: _____

Name of Primary Company Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

E-mail: _____

Company Representatives at Exhibit Space

1 _____

2 _____

TOTAL AMOUNT DUE: \$1,300.00 (US Funds Only)

Method of Payment: Check AMEX Visa MasterCard

Name on Card: _____

Card #: _____ **Expiration:** _____

Verification Number _____ (3 digit code on back of Visa, MC and 4 digit code on front of AMEX)

I hereby agree to abide by AAOP exhibit regulations.

Signature: _____

Please note that a signature is required of all exhibitors regardless of the method of payment.