

Commercial Workshop Form

Monona Terrace • Madison, WI • August 2-6, 2003

Only one workshop per form/copies of form accepted. SUBMIT your 200-word-maximum ABSTRACT by APRIL 1, 2003.
For FREE 1/4-PAGE AD in the Announcer, submit insertion order and ad copy by APRIL 1, 2003.

COMPANY DATA			
Company Name:			
Address:			
City:	State:	Zip:	
Contact Person:			
Phone:	Fax:		
E-mail:	Website:		
Title of Workshop:			
Abstract (200-word limit): Attach hard copy PLUS submit electronically to aapt-meet@aapt.org			
Workshop Leader(s):			
Preferred Day & Time (circle choice):			
Mon., Aug. 4:	8 a.m.–10 a.m.	12:30 p.m.–2:30 p.m.	3 p.m.–5 p.m.
Tue., Aug. 5:	8 a.m.–10 a.m.	12:30 p.m.–2:30 p.m.	3 p.m.–5 p.m.
Wed., Aug. 6:	8 a.m.–10 a.m.		
Indicate any company you would NOT want scheduled simultaneously with yours:			
Number of Attendees:	<input type="checkbox"/> Less than 25	<input type="checkbox"/> 25–50	<input type="checkbox"/> Over 50
Room Set-Up Style:	<input type="checkbox"/> Theater	<input type="checkbox"/> Classroom	

ALL OF THE INFORMATION MUST BE COMPLETED BEFORE ACCEPTANCE BY AAPT			
CHARGES: One (1) two hour workshop (sustaining member rate)	\$425		
One (1) two hour workshop (nonmember rate)	\$525		\$
OR Two (2) or more workshops (members)	\$300	X	# of workshops
OR Two (2) or more workshops (nonmembers)	\$400		
TOTAL AMOUNT DUE			\$

METHOD OF PAYMENT
Check # _____ in U.S. funds made payable to AAPT EXHIBITS
Credit Card: VISA MC AMEX Discover Card # _____ - _____ - _____ - _____ Exp. ____/____
Authorized Signature _____
Authorized Name Printed _____ Date _____

By April 1, 2003, mail form, abstract, and contract along with payment to:

AAPT Meetings & Exhibits
One Physics Ellipse, College Park, MD 20740-3845
Fax: 301-209-0845