



American Association of  
**Directors of Psychiatric  
Residency Training**

**47<sup>th</sup> AADPRT Annual Meeting  
March 1-3, 2018  
Hilton New Orleans Riverside**

**Application and Contract for Annual Meeting Exhibit Space**

Exhibit Dates March 1 & 2, 2018

**Two ways to register:**

\*Email: Complete form and email to Sara at [exec@aadprt.org](mailto:exec@aadprt.org)

\*Mail: Complete form and mail to AADPRT to:

AADPRT

P.O. Box 30618

Indianapolis, IN 46230

**Please print or type.**

Company Name:

Company Description:

Why do you wish to exhibit at AADPRT?

Planning Contact Name:

Planning Contact Phone Number:

Planning Contact Email:

Onsite Contact Name:

Onsite Contact Mobile Phone Number:

Onsite Contact Email:

*Exhibitor assumes responsibility and agrees to indemnify, defend, and hold harmless Hotel, Hilton Worldwide, Inc. and the Hotel's Owner, and their respective owners, managers, subsidiaries, affiliates, employees, and agents (collectively, "Hotel Parties"), and AADPRT from and against any claims or expenses arising out of the use of the exhibition premises.*

*Exhibitor agrees to obtain and maintain during the use of the exhibition premises, Comprehensive General Liability Insurance, including contractual liability covering the Exhibitor's indemnity in this Responsibility*

*Clause. Such insurance shall be in the amount of not less than \$1,000,000 combined single limit for personal injury and property damage. The Hotel, Hilton Worldwide, Inc, the Hotel's Owner, and each of such entities' owners, subsidiaries, and affiliates (collectively, "Hotel Parties") and Group shall be named as additional insureds on such policy, and Exhibitor shall supply the Hotel with Certificate of Insurance no later than January 18, 2018. This document should be emailed to Sharon Rodriguez at [Sharon.rodriguez@hilton.com](mailto:Sharon.rodriguez@hilton.com) and reference 2018 AADPRT Annual Meeting Exhibitor Insurance Certificate.*

*The exhibitor understands that neither AADPRT nor the Hotel Parties maintain insurance covering the Exhibitor's property and it is the sole responsibility of the Exhibitor to obtain such insurance.*

*The aforementioned company wishes to reserve an exhibit booth at AADPRT's 2018 annual meeting. By signing this contract, company agrees:*

- 1. they have reviewed and will abide by all policies as addressed in exhibitor prospectus*
- 2. they have reviewed and agreed to aforementioned language*
- 3. they will provide check payment to AADPRT no later than January 18, 2018*
- 4. they will provide certificate of insurance to Hilton New Orleans Riverside no later than January 18, 2018.*

*Space is not guaranteed until application, payment, and certificate have been received. Signer understands that if check payment and/or insurance certificate is not received by January 18, 2018, they will not be able to exhibit at the event.*

*AADPRT has all rights to reject application and return fee. Refunds are only given in the event the application is rejected.*

Authorized Signature:

Printed Name:

Date: