

2011 ANNUAL MEETING ATTENDEE LISTS

Promote your products or services directly to the medical professionals who make or influence purchases. Lists of attendees who have pre-registered for the 2011 Annual Meeting as well as complete post-meeting attendee lists are available.

- DATA:**
- Data includes name, address and phone number. FAX and email are not included. Practice focus information is only available if ordering specific Practice Focus list.
 - All lists will be provided via e-mail from AAOS in an Excel document, usually within five business days of approval of your order form.

- CONDITIONS:**
- Each order is for a one-time use only.
 - Arrangement for purchase of the mailing lists constitutes an agreement that the American Academy of Orthopaedic Surgeons does not endorse any product or service.
 - The mention of the American Academy of Orthopaedic Surgeons in any advertisement material *must* be in accordance with the guidelines on Page 14 of the Exhibit Prospectus.
 - **All advertising copy must be pre-approved by AAOS. Do not have your material printed until you have received AAOS approval.**
 - Orders submitted by third party companies such as independent meeting planners, ad agencies, mailing houses, etc. must provide the name of the company that is exhibiting.

- RATES:**
- **Practice Focus** (per list): \$ 400 – Pre-meeting \$ 450 – Post Meeting
 - **Entire Attendee List:** \$1,400 – Pre-meeting \$1,700 – Post Meeting

- PAYMENT:**
- All orders must be prepaid.
 - No refunds will be issued.
 - Credit card orders may be faxed to 847-823-1273 .
 - If you fax your order, please **do not** mail the original.
 - Orders with check payment must be mailed to:
AAOS Exhibits – Attendee Lists
P.O. Box 6153
Carol Stream, IL 60197-6153

- DUE DATES:**
- Orders for pre-meeting lists must be received on or before **January 5, 2011**.
 - Orders for post-meeting lists will not be fulfilled until after **April 4, 2011**.
 - Allow 10 business days for approval of your mailing by AAOS.

NOTE: Practice Focus information has been obtained from the 2008 American Academy of Orthopaedic Surgeons Census. Physicians could select more than one practice focus. We do not have practice focus information for non-member attendees. However, non-member attendees are included in the appropriate Allied Health, Resident, International and Entire Physician listings.

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- Lists will be sent in an Excel file, via email.
 Order approved by: **January 5, 2011** Ship date: **January 24, 2011**
 Order approved by: **March 21, 2011** Ship date: **April 4, 2011**
- Data includes name, address and phone number only.
- Practice Focus information is only indicated when ordering specific Practice Focus lists.

PRACTICE FOCUS *	QTY	FEE Pre- Meeting	QTY	FEE Post- Meeting	=	AMOUNT
Adult Hip/Knee – approx. 2,100		\$400		\$450	=	
Arthroscopy/Sports Med – approx. 2,300		\$400		\$450	=	
Foot & Ankle – approx. 740		\$400		\$450	=	
Pediatric Orthopaedics – approx. 550		\$400		\$450	=	
Spine – approx. 675		\$400		\$450	=	
Trauma – approx. 1,100		\$400		\$450	=	
Upper Extremity – approx. 1,750		\$400		\$450	=	
Allied Health/Nurse – approx. 1,200		\$400		\$450	=	
Residents/Candidate – approx. 1,550		\$400		\$450	=	
International (excluding Canada) – approx 4,500		\$400		\$450	=	
Entire Attendee Reg – approx. 13,150 No practice focus information included.		\$1,400		\$1,700	=	
TOTAL AMOUNT DUE:					=	

Estimated quantity of names within each list will be approximately 10-20% greater for post-meeting lists.
 *Names may be included in more than one practice focus.

Exhibiting Company: _____

Email address to send list(s): _____

Company name if you are a third party purchaser: _____

Ordered by: _____

Phone: _____ Fax: _____

By signing this licensing agreement you understand that these lists will be for a one-time use only. You also agree to prevent duplication, transfer or reproduction of the lists, or information thereon, in any form whatsoever and to the other terms on the reverse side of this form.

 Signature Print Name Date

All advertising copy must be pre-approved by the American Academy of Orthopaedic Surgeons.
Mail your advertising copy along with your attendee list order form and check payment for approval to the below P.O. Box, or **FAX** to 847-823-1273 if paying by credit card.
 Questions?? Contact: Jason Raymond, email JRaymond@aaos.org, phone 847-384-4174.

Method of Payment:

- Check in US Dollars made payable to **AAOS**
- Credit Card (circle one) Visa MasterCard AmExpress

 Card # Expiration Date

 Cardholder's Name

 Cardholders Signature Date

Complete this order form and mail or fax:

Check payments - mail to:
 AAOS – Attendee Lists
 P.O. Box 6153
 Carol Stream, IL 60197-6153

Credit Card payments - fax to:

Fax: 847-823-1273