AUR ANNUAL MEETING
EXHIBITOR APPLICATION FORM

We look forward to your participation at the 70th Annual Meeting of the Association of University Radiologists to be held March 22-25, 2022 at the Sheraton Phoenix Downtown in Phoenix, Arizona.

Company Name: _____________________________________________________________________
Contact Person: ______________________________________________________________________
On-site Personnel: ____________________________________________________________________
Additional On-site Personnel: ___________________________________________________________
Address: ____________________________________________________________________________
Phone Number: ________________________________ Fax Number: ___________________________
Email Address: _______________________________________________________________________

The cost for a tabletop exhibit is $2,900.00 and AUR will provide the following for each exhibit:
- One 6’ table and 2 chairs **Due to limited space, only one table will be provided per exhibitor**
- One 22”x28” booth identification sign on an easel
- One wastebasket
- One electrical service (if required)
- Two complimentary exhibitor registrations (There will be a charge of $200 for each additional registrant.) CME credit is not available for exhibitor registrants.
- Complimentary wireless Internet

Any additional equipment such as computers, hard-wired Internet connections, additional electrical hookups, etc. will be available for an extra cost upon request through the official service contractors. Contact AUR for information at 630-368-3730 or aur@rsna.org.

Exhibit Dates:  
Tuesday, March 22 10:00 am – 5:00 pm  
Wednesday, March 23 6:30 am – 5:00 pm  
Thursday, March 24 6:30 am – 5:00 pm  
Friday, March 25 6:30 am – 12:00 pm

Set Up Date:  
Tuesday, March 22 8:00 am – 10:00 am

Move Out Date:  
Friday, March 25 12:00 pm – 2:00 pm

METHOD OF PAYMENT:
☐ MasterCard  ☐ Visa  ☐ Check # _____________ (payable to AUR in U.S. funds drawn on a U.S. bank**)
Credit Card Number: _________________________ Exp. Date: _________________________
Authorized Cardholder’s Signature: _________________________________________________

TOTAL PAYMENT: _________________________

**By sending your check to us, you authorize AUR to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment.

Please return completed form to: AUR, 820 Jorie Boulevard, Suite 200, Oak Brook, IL 60523 
or via secure fax to 630-571-2198
For additional information, contact AUR at 630-368-3730 or AUR@rsna.org

DEADLINE: February 10, 2022