

APPLICATION AND CONTRACT FOR MEETING ROOM

69th AACC Annual Scientific Meeting & Clinical Lab Expo

Meeting Dates: July 30-August 3, 2017

Exhibit Dates: August 1-3, 2017

San Diego Convention Center ~ San Diego, CA



Better health through
laboratory medicine.

Contact Information (English Only)

Company Name.....

Contact..... Title.....

Tel..... Fax.....

Email..... Web Site

Address.....

City..... State..... Zip..... Country.....

Meeting Room Rates *Floor plan subject to change without notice. Rates apply to 69th AACC Annual Meeting & Clinical Lab Expo exhibitors only.*

Modular Meeting Rooms

Includes 8' tall walls, carpet, and a 22" x 28" sign. Exhibitors are responsible for ordering furnishings, such as tables, chairs and waste baskets, cleaning service, electrical service and special lighting, AV equipment and security guards (doors do not lock).

☐ 10'x20' (3m x 6.1m) - \$6,800 ☐ 20'x20' (6.1m x 6.1m) - \$12,400

Preferences: 1st Choice _____ 2nd Choice _____

San Diego Convention Center Meeting Rooms

Furnished with table and chairs.

☐ Full Meeting - \$14,000 ☐ Half Day - \$7,000

Preferences: 1st Choice _____ 2nd Choice _____

Payment Information

Initials	Deposit and Payment Schedule
	October 26, 2016...50% due for applications submitted prior to October 26, 2016
	October 26, 2016 – March 31, 2017...50% due with application
	After March 31, 2017...100% due with application

AACC requires payment in full no later than April 1, 2017. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Credit Card Payment

☐ Visa ☐ MasterCard ☐ American Express

Card Number: _____ Amount: \$ _____

Exp. Date: _____ Name on Card: _____ Signature: _____

Card Billing Address: _____

Cancellation Penalties

Cancellation Penalties	Initials
Through October 25, 2016 - 0%	
October 26, 2016 – March 31, 2017 - 50%	
After March 31, 2017 - 100%	

Checks payable to: American Association for Clinical Chemistry

Mail payments to:

AACC Exposition Management, c/o SPARGO, Inc.
11208 Waples Mill Road, Suite 112 • Fairfax, VA 22030
Tel: 800-564-4220 • Fax: 703-563-2691
Email: exhibitcontracts@spargoinc.com

I acknowledge that, as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the [69th AACC Annual Scientific Meeting & Clinical Lab Exposition Exhibit Terms, Conditions, Rules and Regulations](#). Exhibitor agrees to receive all written and electronic correspondence from AACC and SPARGO, Inc. in reference to the 69th AACC Annual Scientific Meeting & Clinical Lab Expo and all future AACC events. This meeting room application will become a contract upon Exhibitor's authorized signature and AACC's acceptance and approval.

Exhibitor Signature..... Date.....

Printed Name..... Telephone.....

Show Management Use

Authorized AACC Signature..... Date.....

Account Number..... Assigned MR Number..... Size.....