

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

70th AACC Annual Scientific Meeting & Clinical Lab Expo

Meeting Dates: July 29-August 2, 2018
 Exhibit Dates: July 31-August 2, 2018
 McCormick Place ~ Chicago, IL

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Better health through laboratory medicine.

Contact Information (English Only)

Company Name.....
 Contact..... Title.....
 Tel..... Email..... Website.....
 Address.....
 City..... State..... Zip..... Country.....

Exhibit Space

Inline Space – \$41.65 per sq. ft. Island Space – \$49.00 per sq. ft. Size: _____ (min. 10' x 10')
 Preferences: 1st _____ 2nd _____ 3rd _____ Cost: \$ _____

Payment Information

Initials	Deposit and Payment Schedule
	October 2, 2017...50% due for applications submitted prior to October 2, 2017
	October 2, 2017 – March 29, 2018...50% due with application
	After March 29, 2018...100% due with application

AACC requires payment in full no later than March 30, 2018. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit application to:
 Email: exhibitcontracts@spargoinc.com

Need Help? Contact:
aaccexhibits@spargoinc.com
 703-631-6200 | 800-564-4220

Cancellation Penalties

Cancellation Penalties	Initials
Through October 1, 2017 - 0%	
October 2, 2017 – March 29, 2018 - 50%	
After March 29, 2018 - 100%	

Make checks payable to:
American Association for Clinical Chemistry

Mail check payment to:
 AACC Exposition Management, c/o SPARGO, Inc.
 11208 Waples Mill Road, Suite 112 ♦ Fairfax, VA 22030

Credit Card Payments:
 An invoice with instructions to submit credit card payment online will be sent via email within one business day.

I acknowledge that, as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the [70th 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 70th AACC Annual Scientific Meeting & Clinical Lab Expo and all future AACC events. This exhibit space 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 Booth Number..... Size.....