

APPLICATION AND CONTRACT FOR HOTEL INDUSTRY WORKSHOP

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

Click Here to
Submit Via Email



Better health through
laboratory medicine.

Exhibitor/Workshop Coordinator (English Only)

Company Name.....

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

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

Email..... Website.....

Address.....

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

Hotel Industry Workshop: Held in hotel meeting rooms before or after the official programming offered at the AACC Annual Scientific Meeting & Clinical Lab Expo. Hotel Industry Workshop meeting rooms accommodate 50-250 people. Rate includes complimentary copy of the advanced registration mailing list and promotion (website, mobile app, Exhibit Guide, *Clinical Laboratory News Daily* and signage). Rate does not include any AV unless purchasing the videotaping package. You will be contacted by Freeman AV regarding audio visual requirements.

Rate \$3,500 Total Cost: \$_____

Date/Time Preference: Hotel Industry Workshop presentations will be held at an AACC-designated hotel. Shuttle transportation to and from the hotel is provided on Tuesday and Wednesday. Indicate rank of date/time preference (number rank 1-4 in order of preference). All morning workshops Tuesday and Wednesday must end by 8:30am.

Tuesday, July 31: _____7:00am _____6:00pm

Wednesday, August 1: _____7:00am _____6:00pm

Yes, include **videotaping** with my purchase of the Hotel Industry Workshop - \$5,000

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

Cancellation Penalties

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

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. 100% refund if application is not approved by the Annual Meeting Organizing Committee (AMOC).

Submit application to:
Email: exhibitcontracts@spargoinc.com

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

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.

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 Hotel Industry Workshop application will become a contract upon Exhibitor's authorized signature and **AMOC's acceptance and approval.**

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

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

Show Management Use

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

Account Number..... Assigned Workshop Slot.....

HOTEL INDUSTRY WORKSHOP INFORMATION

(Please provide the following information and submit with application).

Workshop Title (as it is to appear in all publications and no more than 20 words):

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Presented by (company name):

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Session Overview (no more than 100 words):

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Expected Outcome (no more than 3) After attending this session, participants will be able to:

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Room Requirement Set-up (check)

Classroom Theater Head table for _____ people Estimated Attendance _____

Providing **Food and Beverage**? Yes or No

If yes, hotel will be contacting you regarding your F&B requirements.

Moderator

Company Name.....

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

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

Email..... Website

Address.....

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

Speaker (1)

Company Name.....

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

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

Email..... Website

Address.....

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

(Attach additional speaker information)