

**APPLICATION AND CONTRACT FOR INDUSTRY WORKSHOP EXHIBIT HALL THEATER**

**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.....

**Industry Workshop Exhibit Hall Theater:** Rate includes basic AV (screen, projector, microphone), lead retrieval unit, complimentary copy of the advanced registration mailing list, signage and promotion (Website, Mobile App, Exhibit Guide, Attendee Bag and ClinPack Insert (promoting all workshops) and *Clinical Laboratory News Daily*).

**Rate \$14,500** Quantity: \_\_\_\_\_ **Total Cost: \$** \_\_\_\_\_

**Date/Time Preference:** Industry Workshop Theaters will be presented in the Exhibit Hall at McCormick Place. Indicate rank of date/time preference (number rank 1-8 in order of preference)

**July 31:** 10:15am-11:15am\_\_\_ 11:30am-12:30pm\_\_\_ 12:45pm-1:45pm\_\_\_ 2:00pm-3:00pm\_\_\_ 3:15pm-4:15pm\_\_\_  
**Aug. 1:** 10:15am-11:15am\_\_\_ 11:30am-12:30pm\_\_\_ 12:45pm-1:45pm\_\_\_ 1:45pm-2:45pm\_\_\_ 2:45pm-3:45pm\_\_\_ 3:30pm-4:30pm\_\_\_  
**Aug. 2:** 10:15am-11:15am\_\_\_ 11:30am-12:30pm\_\_\_

**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](mailto:exhibitcontracts@spargoinc.com)

**Need Help? Contact:**  
[aaccexhibits@spargoinc.com](mailto: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 Industry Workshop Exhibit Hall Theater application will become a contract upon Exhibitor's authorized signature and AMOC's acceptance and approval.

Exhibitor Signature..... Date.....  
 Printed Name..... Telephone.....

(NOTE: This application is reviewed and approved by AMOC. You will be contacted once the approval process is completed.)

(Please provide the following information and submit with application. If you would rather provide this information in a word document, please do so.)

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

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**Presented by** (company name to appear on signage): .....

**Session Overview** (no more than 100 words): .....

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

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**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.....

**Speaker (2)**

Company Name.....

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

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

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

Address.....

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

*(Attach additional speaker information)*