

Expand Your Presence Before, During, and After the Annual Conference!

Increase your exposure with longer company and product descriptions, logos, press releases, product photos, and corporate videos designed to draw attention to your listing and help drive traffic to your booth by purchasing an Upgraded Listing today!

Features	Basic (Included)	Extended (\$750)	Premium (\$1,500)
ONLINE			
Company Name, Booth Number	●	●	●
City, State, Country	●	●	●
URL	●	●	●
Links to Social Media Platforms	●	●	●
Product & Service Categories	Up to 5	Up to 7	Up to 10
250 Character Company Description	●	●	●
Expanded Company Description of Additional 250 Characters		●	●
Enhanced Listing Icon on Floor Plan Booth		●	●
Up to 5 Press Releases		●	●
Company Logo		●	●
Up to 3 Product Photos with Description			●
Multimedia Flash Video			●
PRINT			
Company Name, Booth Number	●	●	●
City, State, Country	●	●	●
URL	●	●	●
250 Character Company Description	●	●	●
Expanded Company Description of Additional 250 Characters		●	●
Company Logo		●	●
MOBILE			
Company Name, Booth Number	●	●	●
City, State, Country	●	●	●
Phone Number	●	●	●
URL	●	●	●
Links to Social Media Platforms	●	●	●
Product & Service Categories	Up to 5	Up to 7	Up to 10
250 Character Company Description	●	●	●
Expanded Company Description of Additional 250 Characters		●	●
Enhanced Listing Icon on Floor Plan Booth		●	●
Up to 5 Press Releases		●	●
Company Logo		●	●
Up to 3 Product Photos with Description			●
Multimedia Flash Video			●
Upgraded Booth Traffic Program with Premium Listing for an Additional \$350			●

UPGRADE YOUR LISTING TODAY! aornexhibits@spargoinc.com | 703-631-6200 | 800-564-4220



AORN Global Surgical Conference & Expo 2018

Meeting Dates: March 24-28, 2018

Exhibit Dates: March 25-27, 2018

Ernest N. Morial Convention Center – New Orleans, LA

Contact Information

Company Name.....
 Contact..... Title.....
 Tel..... Fax.....
 Email..... Web Site.....
 Address.....
 City..... State..... Zip..... Country.....

Advertising Opportunities

Promotional Opportunity 1 _____ Total Cost \$ _____ Extended Listing - \$750
 Promotional Opportunity 2 _____ Total Cost \$ _____ Premium Listing - \$1,500
 Promotional Opportunity 3 _____ Total Cost \$ _____ Booth Traffic Program - \$550
 Promotional Opportunity 4 _____ Total Cost \$ _____ Booth Traffic Program w/ Premium Listing - \$1,850
 Special Requests/Notes _____

Payment Information

Initials	Deposit and Payment Schedule
	June 2, 2017...50% due for applications submitted prior to June 2, 2017
	June 2, 2017 – November 21, 2017...50% due with application
	After November 21, 2017...100% due with application

AORN requires payment in full no later than November 22, 2017. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Cancellation Penalties

Cancellation Penalties	Initials
Through June 1, 2017...0%	
June 2, 2017 – November 21, 2017...50%	
After November 21, 2017...100%	

Mail check payments to:
 AORN - Association of periOperative Registered Nurses
 Dept. V13802 ♦ P.O. Box 17180 ♦ Denver, CO 80217-0180

Credit card payment can only be accepted via fax, phone or online. You will receive instructions upon invoicing with a log in to your account to pay online.
 Tel: 800-564-4220 ♦ Secure Fax: 703-563-2691

Overnight Checks to:
 AORN - Association of periOperative Registered Nurses
 2170 S. Parker Road, Suite 400
 Denver, CO 80231

Make checks payable to:
 AORN - Association of periOperative Registered Nurses

Credit Card Payment

- Visa MasterCard American Express Discover

Card Number: _____ Amount: \$ _____
 Exp. Date: _____ Name on Card: _____ Signature: _____
 Card Billing Address: _____

By signing or typing my name below, I represent that I am an authorized representative of Exhibitor, have read and understand this Contract, including the payment and cancellation policies, and agree on behalf of Exhibitor to be bound by this Contract. This application will become a binding Contract upon AORN's acceptance, which AORN may provide or withhold in its sole discretion.

Exhibitor consents to receiving written and electronic correspondence from AORN and SPARGO, Inc. related to the AORN Surgical Conference & Expo and other future events and opportunities.

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

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

Show Management Use

Authorized AORN Signature..... Date.....
 Account Number..... Assigned Booth Number..... Size.....