

# PRACTICE MANAGEMENT™ 2018

JANUARY 26-28 | HYATT REGENCY NEW ORLEANS | NEW ORLEANS, LA

Exhibit Dates: January 26-27, 2018

Hyatt Regency New Orleans ~ New Orleans, Louisiana



### Contact Information

Company Name.....

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

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

Email..... Web Site .....

Address.....

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

### Exhibitor Opportunities

Inline Space – \$2,700 per 100 sq. ft.     Corner Space – \$3,050 per 100 sq. ft.

Size: \_\_\_\_\_ (min. 10' x 10') Preferences: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Booth Cost: \$ \_\_\_\_\_

We are interested in the following:     Welcome Reception     Premium Exhibitor Listing

Pre/Post-Registration List     Industry Supporter/Conference Supporter     Advertising Opportunities

ANESTHESIOLOGY® 2017     Simulation Education Network Summit 2017     Anesthesia Quality Meeting™ 2017

### Payment Information

Initials	Deposit and Payment Schedule
	March 29, 2017...50% due for applications submitted prior to March 29, 2017
	March 29, 2017– September 28, 2017...50% due with application
	After September 28, 2017...100% due with application

**ASA requires payment in full no later than September 29, 2017. Failure to make payments does not release the contracted or financial obligation of Exhibitor.**

### Cancellation Penalties

Cancellation Penalties	Initials
Through March 28, 2017...0%	
March 29, 2017 – September 28, 2017...50%	
After September 28, 2017...100%	

**Make checks payable to:**  
American Society of Anesthesiologists®

**Mail payments to:**  
ASA® Exposition Mgmt., c/o SPARGO, Inc.  
11208 Waples Mill Road, Suite 112 ♦ Fairfax, VA 22030  
Tel: 800-564-4220 ♦ Fax: 703-563-2691  
Email: exhibitcontracts@spargo.com

### Credit Card Payment

Visa     MasterCard     American Express

Card Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the *Exhibitor Rules and Regulations*. Exhibitor agrees to receive all written and electronic correspondence from ASA and SPARGO, Inc. in reference to PRACTICE MANAGEMENT™ and all future ASA events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ASA's acceptance and approval.

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

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

### Show Management Use

Authorized ASA Signature..... Date.....

Account Number..... Assigned Booth Number..... Size.....