

**APPLICATION AND CONTRACT FOR SPONSORSHIP**

**16<sup>th</sup> International Cord Blood Symposium**

Meeting Dates: June 14-16, 2018

Exhibit Dates: June 14-15, 2018

Hilton San Diego Resort & Spa ~ San Francisco, CA



**Contact Information**

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

**Exhibitor Opportunities**

Name of Sponsorship Opportunity: \_\_\_\_\_  
 Total Cost of Sponsorship Opportunity: \$\_\_\_\_\_

*Opportunities are exclusive to confirmed exhibitors. All benefits related to inclusion in printed materials and signage are based on the Sponsor meeting print and production deadlines. The Sponsor's primary contact person will receive all correspondence pertinent to your sponsorship and will be responsible for completing and returning items by the stated deadline.*

Special Requests/Notes: \_\_\_\_\_

**Payment Information**

Initials	Deposit and Payment Schedule
	Through February 8, 2018...50% deposit due
	After February 8, 2018....100% payment due

**Cancellation Penalties**

Cancellation Penalties	Initials
Through February 8, 2018...50% non refundable	
After February 8, 2018...100% non refundable	

**AABB requires payment in full no later than February 9, 2018. Failure to make payments does not release the contracted or financial obligation of the sponsor.**

**Submit application to:**  
 Email: [exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

**Need Help? Contact:**  
[aabbexhibits@spargoinc.com](mailto:aabbexhibits@spargoinc.com)  
 703-631-6200 | 800-564-4220

**Make checks payable to:**  
**American Association for Blood Banks**

**Mail:** P.O. Box 791251 ♦ Baltimore, MD 21279-1251  
**Overnight:** Lockbox 791251 ♦ 1000 Stewart Ave. ♦ Glen Burnie, MD 21061

**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 Sponsor, I have received, reviewed, and agree that Sponsor will comply with the *Rules and Regulations*. Sponsor agrees to receive all written and electronic correspondence from AABB and SPARGO, Inc. in reference to the ICBS and all future AABB events. This sponsorship application will become a contract upon Sponsor's authorized signature and AABB's acceptance and approval.

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

**Show Management Use**

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