

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

ANESTHESIA QUALITY MEETING™ 2017

NOVEMBER 18-19 | SCHAUMBURG, IL

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Exhibit Date: November 18, 2017
ASA Headquarters ~ Schaumburg, Illinois

Contact Information

Company Name

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

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

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

Address.....

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

Exhibitor Opportunities

Exhibit fee includes one (1) six foot draped table, two chairs and two exhibitor badges. Exhibitors are limited to tabletop displays only. Space assignments will be based on a first-come, first-served basis.

\$1,500 – Tabletop Rental Rate Preferences: 1st _____ 2nd _____ 3rd _____

<p>Payment Information</p> <table border="1" style="width: 100%;"> <tr> <th style="width: 15%;">Initials</th> <th style="width: 85%;">Payment Schedule</th> </tr> <tr> <td></td> <td style="text-align: center;">100% due with application</td> </tr> <tr> <td></td> <td style="text-align: center;">Failure to make payments does not release the contracted or financial obligation of Exhibitor.</td> </tr> </table> <p style="text-align: center;">Make checks payable to: American Society of Anesthesiologists®</p> <p>Credit Card Payment</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Card Number: _____ Amount: \$ _____</p> <p>Exp. Date: _____ Name on Card: _____ Signature: _____</p> <p>Card Billing Address: _____</p>	Initials	Payment Schedule		100% due with application		Failure to make payments does not release the contracted or financial obligation of Exhibitor.	<p>Cancellation Penalties</p> <table border="1" style="width: 100%;"> <tr> <th style="width: 85%;">Cancellation Penalties</th> <th style="width: 15%;">Initials</th> </tr> <tr> <td>Through September 21, 2017...50%</td> <td></td> </tr> <tr> <td>After September 21, 2017....100%</td> <td></td> </tr> </table> <p style="text-align: center;">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@spargoinc.com</p>	Cancellation Penalties	Initials	Through September 21, 2017...50%		After September 21, 2017....100%	
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I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the *Rules and Regulations*. Exhibitor agrees to receive all written and electronic correspondence from ASA and SPARGO, Inc. in reference to the Anesthesia Quality Meeting™ 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.....

Internal Use Only

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

Account Number..... Assigned Table Number.....