

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

ANESTHESIOLOGY® 2018

Meeting Dates: October 13-17, 2018
 Exhibit Dates: October 13-15, 2018
 Moscone Center ~ San Francisco, California

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Contact Information

Company Name.....

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

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

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

Address.....

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

Exhibit Space

Standard – \$48.00 per sq. ft. Premium – \$51.50 per sq. ft. Corner Premium – \$300 per corner

Booth Size: _____ (min. 10'x10') Booth Cost: \$ _____

Booth # Preferences: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Additional Opportunities

Exhibitor Headquarters (10'x20') - \$7,000 Exhibitor Headquarters (20'x20') - \$10,000

Pre/Post-Registration List - \$1,495 Premium Exhibitor Listing - \$1,250

Total Cost (including Additional Opportunities): \$ _____

We are interested in the following:

Grand Opening Reception Smart Stages SimSix Advertising Industry/Conference Support

Payment Information

Initials	Deposit and Payment Schedule
	December 22, 2017...50% due for applications submitted prior to December 22, 2017
	December 22, 2017 – June 14, 2018...50% due with application
	After June 14, 2018...100% due with application
	ASA requires payment in full no later than June 15, 2018. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Cancellation Penalties

Cancellation Penalties	Initials
Through December 21, 2017...0%	
December 22, 2017 – June 14, 2018...50%	
After June 14, 2018...100%	

Submit application to:
 Email: exhibitcontracts@spargoinc.com

Need Help? Contact:
asaexhibits@spargoinc.com
 (703) 631-6200 | (800) 564-4220

Make checks payable to:
 American Society of Anesthesiologists®

Mail check payment to:
 ASA® Exposition Management
 c/o SPARGO, Inc.
 11208 Waples Mill Road, Suite 112 ♦ Fairfax, VA 22030

Credit Card Payments:
 An invoice will be sent within one business day with instructions to submit credit card payment online.

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the *Exhibition Rules and Regulations*. Exhibitor agrees to receive all written and electronic correspondence from ASA and SPARGO, Inc. in reference to the ANESTHESIOLOGY annual 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.....