

ANESTHESIA QUALITY MEETING™ 2018

NOVEMBER 17-18 | SCHAUMBERG, IL

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EXHIBIT DATE: NOVEMBER 17 | ASA HEADQUARTERS

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.

\$1,600 – Tabletop Rental Rate Preferences: 1st _____ 2nd _____ 3rd _____

<p>Payment Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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="font-size: small;">Failure to make payments does not release the contracted or financial obligation of Exhibitor.</td> </tr> </table> <p>Submit application to: Email: exhibitcontracts@spargoinc.com</p> <p>Need Help? Contact: asaexhibits@spargoinc.com (703) 631-6200 (800) 564-4220</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%; border-collapse: collapse;"> <tr> <th style="width: 85%;">Cancellation Penalties</th> <th style="width: 15%;">Initials</th> </tr> <tr> <td style="text-align: center;">Through September 20, 2018...50%</td> <td></td> </tr> <tr> <td style="text-align: center;">After September 20, 2018....100%</td> <td></td> </tr> </table> <p>Make checks payable to: American Society of Anesthesiologists®</p> <p>Mail check payment to: ASA® Exposition Management ♦ c/o SPARGO, Inc. 11208 Waples Mill Road, Suite 112 ♦ Fairfax, VA 22030</p> <p>Credit Card Payments: An invoice will be sent within one business day with instructions to submit credit card payment online.</p>	Cancellation Penalties	Initials	Through September 20, 2018...50%		After September 20, 2018....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, SPARGO, Inc. and official event contractors 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.....