

APPLICATION AND CONTRACT FOR EXHIBIT SPACE AND COMPANY SPOTLIGHTS

INSIGHTS + INNOVATIONS™ 2017

August 25-27 | Huntington Beach, CA

Exhibit Dates: August 25-26, 2017

Hyatt Regency Huntington Beach Resort and Spa ~ Huntington Beach, CA

[Click Here to Submit Via Email](#)

Contact Information

Company Name.....

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

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

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

Address.....

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

Exhibitor Opportunities *(Contracts submitted after July 7, 2017 may be subject to rush charges.)*

Basic Package – \$3,800 Enhanced Package – \$4,300 Premium Package – \$4,950

Location Preferences: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Company Spotlights Through May 31, 2017 – \$1,000 After May 31, 2017 - \$1,200

Friday, August 25, 2017 10:40 – 10:50 a.m. 12:10 – 12:20 p.m. 12:40 – 12:50 p.m. 2:40 – 2:50 p.m.

Saturday, August 26, 2017 10:25 – 10:35 a.m. 12:10 – 12:20 p.m. 12:30 – 12:40 p.m. 2:10 – 2:20 p.m.

Total Cost *(including Company Spotlights):* \$ _____

Payment Information		Cancellation Penalties	
Initials	Deposit and Payment Schedule	Cancellation Penalties	Initials
	50% due with application through June 26, 2017	Through June 26, 2017...50%	
	100% due with application after June 26, 2017	After June 26, 2017...100%	
<p>ASA requires payment in full no later than June 27, 2017. Failure to make payments does not release the contracted or financial obligation of Exhibitor.</p> <p style="text-align: center;">Make checks payable to: American Society of Anesthesiologists®</p>		<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@spargo.com</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>			

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 INSIGHTS + INNOVATIONS™ and all future ASA events. This exhibit space and company spotlights 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 Location..... Package.....

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Exhibit Kiosk Options

BASIC: \$3,800



ENHANCED: \$4,300



PREMIUM: \$4,950



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