

PRACTICE MANAGEMENT™ 2019

JANUARY 18 – JANUARY 20 | PARIS LAS VEGAS | LAS VEGAS, NEVADA

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Exhibit Dates: January 18-19, 2019
Paris Las Vegas ~ Las Vegas, Nevada

Contact Information

Company Name.....

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

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

Exhibit Space

Inline Space – \$2,800 per 100 sq. ft. Corner/Island Space – \$3,150 per 100 sq. ft.

Size: _____ (min. 10' x 10') Preferences: 1st _____ 2nd _____ 3rd _____ Booth Cost: \$ _____

Additional Opportunities

Premium Exhibitor Listing - \$500 Pre/Post-Registration List - \$525

We are interested in the following:

Welcome Reception Industry Supporter/Conference Supporter Advertising Opportunities

Initials	Deposit and Payment Schedule	Cancellation Penalties	Initials
	March 28, 2018...50% due for applications submitted prior to March 28, 2018	Through March 27, 2018...0%	
	March 28, 2018– September 20, 2018...50% due with application	March 28, 2018 – September 20, 2018...50%	
	After September 20, 2018...100% due with application	After September 20, 2018...100%	

ASA requires payment in full no later than September 21, 2018. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit application to:
Email: exhibitcontracts@spargoinc.com

Need Help? Contact:
asaexhibits@spargoinc.com
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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 *Exhibitor Rules and Regulations*. Exhibitor agrees to receive all written and electronic correspondence from ASA and SPARGO, Inc. in reference to PRACTICE MANAGEMENT™ 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.....