

APPLICATION AND CONTRACT FOR MEETING ROOM



AORN Global Surgical Conference & Expo 2018

Meeting Dates: March 24-28, 2018

Exhibit Dates: March 25-27, 2018

Ernest N. Morial Convention Center – New Orleans, LA

Contact Information

Company Name.....

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

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

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

Address.....

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

Meeting Room Opportunities

- 10'x20' Meeting Room - \$8,300 20'x20' Meeting Room - \$15,600

The Meeting Room package includes a hardwall meeting room with lockable door, carpet, standard electric, and a sign with company name. Exhibitors are responsible for ordering internet, phones, catering, office equipment, furniture, etc. through the appropriate contact.

Note: Meeting Rooms are not to be used for the purpose of conducting market research

Total Cost: \$ _____ **Meeting Room Preferences: 1st** _____ **2nd** _____ **3rd** _____

Payment Information

Initials	Deposit and Payment Schedule
	June 2, 2017...50% due for applications submitted prior to June 2, 2017
	June 2, 2017 – November 21, 2017...50% due with application
	After November 21, 2017... 100% due with application

AORN requires payment in full no later than November 22, 2017. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit application to:
Email: exhibitcontracts@spargoinc.com

Need help? Contact:
aornexhibits@spargoinc.com

Cancellation Penalties

Cancellation Penalties	Initials
Through June 1, 2017...0%	
June 2, 2017 – November 21, 2017...50%	
After November 21, 2017...100%	

Make checks payable to:
AORN - Association of periOperative Registered Nurses

Mail check payments to:
AORN - Association of periOperative Registered Nurses
Dept. V13802 ♦ P.O. Box 17180 ♦ Denver, CO 80217-0180

Overnight Checks to:
AORN - Association of periOperative Registered Nurses
2170 S. Parker Road, Suite 400
Denver, CO 80231

Credit card payment can only be accepted via fax, phone or online.
You will receive instructions upon invoicing with a log in to your account to pay online.
Tel: 800-564-4220 ♦ Secure Fax: 703-563-2691

By signing or typing my name below, I represent that I am an authorized representative of Exhibitor, have read and understand this Contract, including the payment and cancellation policies, and agree on behalf of Exhibitor to be bound by this Contract. This application will become a binding Contract upon AORN's acceptance, which AORN may provide or withhold in its sole discretion.

Exhibitor consents to receiving written and electronic correspondence from AORN and SPARGO, Inc. related to the AORN Surgical Conference & Expo and other future events and opportunities.

Exhibitor Signature..... Date.....

Printed Name..... Telephone.....

Show Management Use

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

Account Number..... Assigned Booth Number..... Size.....