

Simulation Education Network Summit 2017

Meeting Dates: April 7-8, 2017

Exhibit Date: April 8, 2017

ASA Headquarters ~ Schaumburg, Illinois

APRIL 7-8 | SCHAUMBURG, IL

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Contact Information

Company Name.....

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

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

Email..... Web Site

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 so be sure to apply today.

\$1,000 – Tabletop Rental Rate

Preferences: 1st _____ 2nd _____ 3rd _____

| <p>Payment Information</p> <table border="1" style="width: 100%;"> <tr> <th style="width: 15%;">Initials</th> <th style="width: 85%;">Deposit and Payment Schedule</th> </tr> <tr> <td></td> <td style="text-align: center;">100% due with application</td> </tr> <tr> <td></td> <td style="text-align: center;">Failure to make payments does not release the contracted or financial obligation of Exhibitor.</td> </tr> </table> <p style="text-align: center;">Make checks payable to: American Society of Anesthesiologists®</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> | Initials | Deposit and 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%;"> <tr> <th style="width: 85%;">Cancellation Penalties</th> <th style="width: 15%;">Initials</th> </tr> <tr> <td style="text-align: center;">Through February 24, 2017...50%</td> <td></td> </tr> <tr> <td style="text-align: center;">After February 24, 2017...100%</td> <td></td> </tr> </table> <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> | Cancellation Penalties | Initials | Through February 24, 2017...50% | | After February 24, 2017...100% | |
|--|---|------------------------------|--|---------------------------|--|---|--|------------------------|----------|---------------------------------|--|--------------------------------|--|
| Initials | Deposit and Payment Schedule | | | | | | | | | | | | |
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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 and SPARGO, Inc. in reference to the Simulation Education Network Summit 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.....