APPLICATION AND CONTRACT FOR EXHIBIT SPACE, EXPOSUITES & MEETING ROOMS

2017 AABB Annual Meeting

Meeting Dates: October 7-10, 2017 Exhibit Dates: October 7-10, 2017 Click Here to Submit Via Email



San Diego Convention Center ~ San Diego, CA			SAN D	IEGO
Contact Information				
Company Name				
ContactTitle				
TelFax				
Email				
Address				
City	State	Zip	Country	
Exhibit S	pace			
Early Bird Rates (per 10'x10' booth) - Applications received by January 11, 2017			Booth Size:	
□ Inline Space – \$3,550 □ Inline Corner – \$3,750 □ Island Booths & Vehicles – \$3,750			Booth Cost: \$	
Regular Rates (per 10'x10' booth) - Applications received beginning January 12, 2017			Booth # Preferences:	
☐ Inline Space – \$3,750 ☐ Inline Corner – \$3,950 ☐ Island Booths & Vehicles – \$3,950			1 st 2 nd 3 rd	
ExpoSuite and Private Meeting Room Rates				
□ ExpoSuite – Exhibit Hall – \$50.00 per sq. ft. (Saturday – Tuesday)			Total Cost (including ExpoSuites and Private Meeting Rooms):	
☐ Meeting Room – San Diego Convention Center – \$8,000 (Friday – Tuesday)			\$	
□ Meeting Room – Marriott Marquee San Diego Marina – \$6,000 (Friday – Tuesday)				
Payment Information Cancellation Penalties				
Initials	Deposit and Payment Schedule	Cancel	lation Penalties Initials	
	January 12, 201750% deposit due for applications	Through January 11, 20170%		
	submitted on or before January 12, 2017	January 12, 201	January 12, 2017 – June 13, 201750%	
	January 12, 2017 – June 13, 201750% deposit due	After June	e 13, 2017100%	
	After June 13, 2017100% payment due	Mail payments to: American Association of Blood Banks		Banks
AABB requires payment in full no later than June 13, 2017. Failure to make payments does not release the contracted or financial obligation of Exhibitor.		P.Ó. Box 791251 ◆ Baltimore, MD 21279-1251 Tel: 800.564.4220 ◆ Fax: 703.563.2691 Email: exhibitcontracts@spargoinc.com		
Make checks payable to: American Association of Blood Banks		Overnight: Lockbox 791251 ◆ 1000 Stewart Ave. ◆ Glen Burnie, MD 21061		
Credit Card Payment Wire: Contact exhibitorservices@spargoinc.com for wiring instruction				nstructions
□ Visa □ MasterCard □ American Express				
Card Number:		nount: \$		
Exp. Date: Name on Card:				
Card Billing Address:				
I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the <i>Rules and Regulations</i> . Exhibitor agrees to receive all written and electronic correspondence from AABB and SPARGO, Inc. in reference to the AABB Annual Meeting and all future AABB events. This exhibit space application will become a contract upon Exhibitor's authorized signature and AABB's acceptance and approval.				
Exhibitor Signature		Date		
		Telephone		
Show Management Use				
Authorized AABB Signature				