

Enhanced Exhibitor Listings

Expand Your Presence Before, During and After Kidney Week!

Enhanced exhibitor listings are available to increase your exposure with longer company and product descriptions, logos, press releases, product photos, and corporate videos designed to draw attention to your listing and help drive traffic to your booth. Let attendees know what you have to offer and where you are located online and on mobile devices by purchasing an upgrade today.

Exhibitor Listing Features		Basic Included	Extended \$600	Premium \$1,200
ONLINE	Company Name, Booth Number	x	x	x
	City, State, Country	x	x	x
	URL	x	x	x
	Product & Service Categories	Up to 5	Up to 7	Up to 10
	Links to Social Media Platforms	x	x	x
	600 Character Description	x	x	x
	Expanded Description of Additional 600 Characters		x	x
	Enhanced Listing Icon on Floor Plan Booth and Exhibitor List		x	x
	Company Logo		x	x
	Up to 5 Press Releases		x	x
	Link to Promotional Flyer (PDF)		x	x
	Up to 3 Product Photos with Description			x
	Multimedia Flash Video with Indicator Icon on Exhibitor List			x
	Rotating Logo on Home Page of Exposition Website			x
MOBILE	Company Name, Booth Number	x	x	x
	City, State, Country	x	x	x
	URL	x	x	x
	Product & Service Categories	Up to 5	Up to 7	Up to 10
	600 Character Company Description	x	x	x
	Expanded Description of Additional 600 Characters		x	x
	Company Logo		x	x
	Link to Promotional Flyer (PDF)		x	x

Upgrade Your Listing! Contact 800-564-4220 / 703-631-6200 or kidneyweek@spargoinc.com.

APPLICATION AND CONTRACT FOR ENHANCED EXHIBITOR LISTINGS

ASN Kidney Week 2017

October 31-November 5, 2017
 Exhibit Dates: November 2-4
 Morial Convention Center, New Orleans, LA

[Click Here to Submit Via Email](#)



Contact Information
 Company Name (*Will be used for all ASN Kidney Week 2017 publications*)

Exhibiting Name.....

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

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

Email..... Website

Address.....

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

Enhanced Exhibitor Visibility Plan Rates (*Basic Exhibitor Listing included in booth purchase*)

Extended Exhibitor Listing – \$600 Premium Exhibitor Listing – \$1,200

Within 10 business days of receipt of application and payment, a username and password will be sent to the contact listed above to submit directory upgrade information. Information for the online listing may be updated any time prior to the meeting.

<p>Payment Information</p> <table border="1" style="width: 100%;"> <tr> <th style="text-align: center;">Deposit and Payment Schedule</th> </tr> <tr> <td style="text-align: center;">Payment in full due with application</td> </tr> <tr> <td>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: ASN</p> <p style="text-align: center;">For Application Questions, Call 800-564-4220</p>	Deposit and Payment Schedule	Payment in full 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="text-align: center;">Cancellation Penalties</th> </tr> <tr> <td style="text-align: center;">No refund if exhibiting company cancels</td> </tr> </table> <p>Fax / Email Application to: 703-563-2691 / exhibitcontracts@spargoinc.com</p> <p>Mail Check Payment to: ASN Kidney Week 2017 P.O. Box 890658 ♦ Charlotte, NC 28289-0658</p> <p>Overnight Check Payment to: ASN Kidney Week 2017 BB&T Remittance Processing ♦ Attn: Box 890658 5130 Parkway Plaza Boulevard ♦ Charlotte, NC 28217</p>	Cancellation Penalties	No refund if exhibiting company cancels
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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* contained in the ASN Kidney Week 2017 Exhibitor Prospectus. Exhibitor agrees to receive all written and electronic correspondence from ASN and SPARGO, Inc. in reference to ASN Kidney Week and all future ASN events. This enhanced exhibitor visibility plan application will become a contract upon Exhibitor's authorized signature and ASN's acceptance and approval.

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

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

Show Management Use

Authorized ASN Signature..... Date.....

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