

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

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

KIDNEYWEEK 2017
New Orleans, LA • Oct 31 - Nov 5



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.....

Exhibit Space Rates

☐ Inline Space Rate – \$35.50 per square foot

Booth Size: _____' x _____' (*min. 10'x10'*)

☐ Island Space Rate – \$43.50 per square foot

Booth Preferences: 1st _____ 2nd _____ 3rd _____

☐ Non Profit – \$1,000 (*first booth only*)

Total Cost of All Items: \$ _____

Enhanced Listings Upgrades: All exhibitors receive a complimentary, basic listing online and in the mobile application.

Upgraded 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.

☐ Extended Exhibitor Listing - \$600 ☐ Premium Exhibitor Listing - \$1,200

Payment Information

Deposit and Payment Schedule

December 29, 2016...50% due for applications submitted prior to December 29, 2016

December 29, 2016 – June 29, 2017...50% due w/ application

After June 29, 2017...Payment in full due w/ application

ASN requires payment in full no later than June 30, 2017. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Make checks payable to: ASN

For Application Questions, Call 800-564-4220

Cancellation Penalties

Cancellation Penalties

Through December 28, 2016 - 0%

December 29, 2016 – June 29, 2017 - 50%

After June 29, 2017 - 100%

Fax / Email Application to:

703-563-2691 / exhibitcontracts@spargoinc.com

Mail Check Payment to:

ASN Kidney Week 2017

P.O. Box 890658 ♦ Charlotte, NC 28289-0658

Overnight Check Payment to:

ASN Kidney Week 2017

BB&T Remittance Processing ♦ Attn: Box 890658

5130 Parkway Plaza Boulevard ♦ Charlotte, NC 28217

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 exhibit space application will become a contract upon Exhibitor's authorized signature and ASN's acceptance and approval.

I have read the ASN Kidney Week 2017 Rules and Regulations: ☐

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

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

Show Management Use

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

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