



AAACE Annual Meeting

Meeting Dates: May 9-11, 2024
 Hyatt Regency | New Orleans, LA

Requesting Organization (Management Company)

Company Name

Contact Job Title

Tel (direct only) Mobile

Email (direct only) Website

Address

City State Zip Country

Satellite Symposium: Rate includes meeting space and standard AV, 1x use of the pre-registered mailing list, promotional Symposia email (sent by AAACE), 1-1.5 CME Credits, inclusion in the Satellite Symposia Schedule Signage, promotion in AAACE2024 material, and 1-2 Hour timeslot.

Rates: \$50,000 \$60,000 **TOTAL COST: \$** _____

Date/Time Preference: Indicate by ranking 1-3 your date/time preference

Wednesday, May 8 ____ 6:00 - 8:00 PM **Thursday, May 9** ____ 7:00 - 9:00 PM **Friday, May 10** ____ 5:30 - 6:30 PM

Payment Information

0% due through July 9, 2023
50% due July 10, 2023
100% due January 10, 2024
Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit application to: exhibitcontracts@spargoinc.com

Need Help? Contact: aaceexhibits@spargoinc.com
 703-631-6200 | 800-564-4220

Cancellation Penalties

0% due through July 9, 2023
50% due July 10, 2023 – January 9, 2024
100% due if cancelled on or after January 9, 2024

Make checks payable to:
 American Association of Clinical Endocrinology

Mail check payment to:
 American Association of Clinical Endocrinology
 7643 Gate Parkway, Suite 104-328 • Jacksonville, FL 32256

Credit Card Payments:
 An invoice will be sent with instructions to submit credit card payment online.

Application Submission

I acknowledge that, as an authorized representative of the above stated Company, I have received, reviewed, and agree that Company will comply with the [AAACE 2024 Satellite Symposium Guidelines](#) and agree to comply with all AAACE/ACCME policies and procedures including, but not limited to:

- The management company has developed this proposal independently, free of the control of the commercial supporter.

Company agrees to receive all written and electronic correspondence from AAACE and SPARGO, Inc. in reference to the AAACE Annual Scientific & Clinical Congress and all future AAACE events. This Satellite Symposium application will become a contract upon Company's authorized signature and AAACE's acceptance and approval.

Grant requests may only be initiated once authorization is provided by AAACE.

Company Signature..... **Date**.....

Printed Name..... **Phone**.....

The following must be included with your application:

- Association Fee Acceptance Letter from Commercial Supporter Program Agenda Accreditation Statement



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Program Information Significant changes to the content of the program, after acceptance of application, may result in cancellation or reassignment of symposium. All changes must be approved by AAACE.

Proposed Symposium Title:

Presented By (company name to appear on signage):.....

Company Providing CME: Budgeted Attendance:

Is this in response to an RFP? No Yes, RFP #.....

Program Description:

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Speaker(s): If you will have more than 3 speakers, please submit additional speaker information to aaceexhibits@spargo.com along with your request form.

(1) Company Name

Contact Job Title

Phone Email

City State Zip Country

(2) Company Name

Contact Job Title

Phone Email

City State Zip Country

(3) Company Name

Contact Job Title

Phone Email

City State Zip Country

Request Form Submission

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