

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

**The American College of Obstetricians & Gynecologists
2024 Annual District Meetings**



Contact Information

Company Name

Contact Job Title

Tel (direct only) Mobile (required)

Email (direct only) Website

Address

City State Zip Country

Exhibit Space Rates

District	Meeting Date	Location	Space Rate
Districts VIII and IX	September 19-21	Waikiki, HI Booth # _____	<input type="checkbox"/> \$3,950
Districts I, V and VI	September 27-29	Boston, MA Booth # _____	<input type="checkbox"/> \$2,950
District XI	October 4-6	Grapevine, TX Booth # _____	<input type="checkbox"/> \$3,300
District X (Armed Forces)	October 5-9	McLean, VA Booth # _____	<input type="checkbox"/> \$2,800
Districts IV and VII	October 18-20	Hot Springs, VA Booth # _____	<input type="checkbox"/> \$3,000

To receive a one-time discount of \$250, exhibitor must participate at three or more meetings (must be selected at the time of submitting the application). Discount will be removed if cancellation(s) result in exhibitor participation at two meetings or less.

\$250 one-time multi-meeting (3+) discount **Total Exhibit Space Cost: \$ _____**

Payment Information

Payment Schedule
Full payment due net 30 days from receipt of invoice
ACOG requires payment in full net 30 days from receipt of invoice. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit Completed Contract to:
exhibitcontracts@spargoinc.com

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

Cancellation Penalties

Cancellation Penalties
100% Cancellation

Make checks payable to:
American College of Obstetricians and Gynecologists

Mail check payment to:
ACOG Exposition Management, c/o SPARGO, Inc.
11208 Waples Mill Road, Suite 112 • Fairfax, VA 22030

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

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 ACOG, SPARGO, Inc. and official event contractors in reference to the 2024 Annual District Meetings and all future ACOG events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ACOG's acceptance and approval.

Exhibitor Signature..... Date.....

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