

# APPLICATION AND CONTRACT FOR EXHIBIT SPACE

## 2024 Annual Clinical and Scientific Meeting

Meeting Dates: May 17-19, 2024

Exhibit Dates: May 17-19, 2024

Moscone Center | San Francisco, CA



### Contact Information (English Only)

Company Name.....

Contact..... Job Title.....

Tel (direct only)..... Mobile.....

Email (direct only)..... Web Site.....

Address.....

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

Is this your company's first time exhibiting at ACOG ACSM?  Yes  No  Unsure

### Exhibit Space

Standard Space – \$41.00 per sq. ft.  Corner Fee – \$300 per corner  Island Fee – \$43.00 per sq. ft. (No Corner Fee)

Booth Size: \_\_\_\_\_ (min. 10' x 10') Booth Preferences: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

### Additional Opportunities

Featured Exhibitor Listing Upgrade - \$800  Early Bird Featured Exhibitor Listing Upgrade - \$650

Total Cost (including Additional opportunities): \$ \_\_\_\_\_

### Payment Information

Deposit and Payment Schedule
August 17, 2023 - 50% due for applications submitted prior to August 17, 2023
August 17, 2023 – January 18, 2024 - 50% due with application
After January 18, 2024 - 100% due with application
<b>ACOG requires payment in full no later than January 19, 2024. Failure to make payments does not release the contracted or financial obligation of Exhibitor.</b>

#### Submit application to:

Email: [exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

#### Need Help? Contact:

[acogexhibits@spargoinc.com](mailto:acogexhibits@spargoinc.com)  
703-631-6200 | 800-564-4220

### Cancellation Penalties

Cancellation Penalties
Through August 16, 2023 - 0%
August 17, 2023 – January 18, 2024 - 50%
After January 18, 2024 - 100%

#### 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 will comply with all updates of such policies applicable to the 2024 ACOG Annual Clinical and Scientific Meeting. Exhibitor agrees to receive all written and electronic correspondence from ACOG, SPARGO, Inc. and official event contractors in reference to the 2024 Annual Clinical and Scientific Meeting 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.....