

**APPLICATION AND CONTRACT FOR EXHIBIT SPACE**

**The American College of Obstetricians & Gynecologists  
2025 Annual District Meetings**



**Contact Information**

Company Name .....

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

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

Email (direct only) ..... Website .....

Address .....

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

**Is this your company's first time exhibiting at the ADMs?**     Yes             No             Unsure

**Exhibit Space Rates**

District	Meeting Date	Location	Space Rate
Districts V and XII	August 8-10	Orlando, FL   Booth # _____	<input type="checkbox"/> \$3,500
District X (Armed Forces)	September 13-17	Norfolk, VA   Booth # _____	<input type="checkbox"/> \$3,500
Districts VIII and IX	September 18-20	Honolulu, HI   Booth # _____	<input type="checkbox"/> \$4,200
Districts VI and VII	September 19-21	St. Louis, MO   Booth # _____	<input type="checkbox"/> \$3,500
District IV	September 26-28	Greensboro, NC   Booth # _____	<input type="checkbox"/> \$3,500
Districts I and XI	October 3-5	New Orleans, LA   Booth # _____	<input type="checkbox"/> \$3,500

**Total Exhibit Space Cost: \$** \_\_\_\_\_

**Payment Information**

Payment Schedule
Full payment due net 30 days from receipt of invoice
<b>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.</b>

**Submit Completed Contract to:**  
[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
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 2025 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.....