

**APPLICATION AND CONTRACT FOR SPONSORSHIP**

**2026 Annual Clinical and Scientific Meeting (ACSM)**

Meeting Dates: May 1-3, 2026

Exhibit Dates: May 1-2, 2026

Walter E. Washington Convention Center | Washington, DC



**Contact Information (English Only)**

Company Name .....  
Contact ..... Job Title .....  
Tel (direct only) ..... Mobile (required) .....  
Email (direct only) ..... Website .....  
Address .....  
City ..... State ..... Zip ..... Country .....

**Sponsorship Opportunities**

Sponsorship Opportunity: \_\_\_\_\_ Qty: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
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**Total Cost: \$** \_\_\_\_\_ **Special Requests/Notes:** \_\_\_\_\_

**Payment Information & Cancellation Penalties**

**Deposit and Payment Schedule:**

August 13, 2025: 50% Due for All Applications  
August 13, 2025 – January 16, 2026: 50% Due Upon Receipt  
After January 16, 2026: 100% Due for All Applications

Applications received after due date are "due upon receipt," and must be brought up to date to most recent payment deadline. If Exhibitor fails to pay either 50% Deposit or final 100% Balance by due dates listed above, ACOG may cancel Exhibitor's participation per penalty schedule. ACOG is free to assign released space to other companies. Cancellation does not release Exhibitor from obligation per penalty schedule.

**Cancellation Penalties:**

Through August 12, 2025: 0% Penalty  
August 13, 2025 – January 16, 2026: 50% Penalty  
After January 16, 2026: 100% Penalty

**Make checks payable to:**

American College of Obstetricians and Gynecologists

**Mail check payment to:**

ACOG Exposition Management, c/o SPARGO, Inc.  
1881 Campus Commons Drive, Suite 350 • Reston, VA 20191

**Credit Card Payments:**

An invoice will be sent with instructions to submit credit card payment online.

**Submit application to:** [acogexhibits@spargoinc.com](mailto:acogexhibits@spargoinc.com)

**Need Help? Contact:** [acogexhibits@spargoinc.com](mailto:acogexhibits@spargoinc.com)  
703-631-6200 | 800-564-4220

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 ACOG ACSM. Exhibitor agrees to receive all written and electronic correspondence from ACOG, SPARGO, Inc. and official event contractors in reference to ACSM and all future ACOG events. This sponsorship application will become a contract upon Exhibitor's authorized signature and ACOG's acceptance and approval.

Exhibitor Signature..... Date.....  
Printed Name..... Telephone.....