

APPLICATION AND CONTRACT FOR MEETING ROOM

ADLM 2024

Meeting Dates: July 28 – August 1, 2024
Exhibit Dates: July 30 – August 1, 2024
McCormick Place | Chicago, IL



Contact Information (English Only)

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

Meeting Room Rates *Floor plan subject to change without notice. Rates apply to ADLM 2024 exhibitors only.*

Modular Meeting Rooms

Includes 8' tall walls, carpet, and a 22" x 28" sign. Exhibitors are responsible for ordering furnishings, such as tables, chairs and waste baskets, cleaning service, electrical service and special lighting, AV equipment and security guards.

\$50.00 per sq. ft. Size: _____ (min. 10' x 20') Cost: \$ _____

Preferences: 1st Choice: _____ 2nd Choice: _____

Payment Information

Deposit and Payment Schedule
September 27, 2023...50% due for applications submitted prior to September 27, 2023
September 27, 2023 – April 2, 2024...50% due with application
After April 2, 2024...100% due with application

ADLM requires payment in full no later than April 3, 2024. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit Completed Contract to:
exhibitcontracts@spargoinc.com

Need help? Contact:
adlmexhibits@spargoinc.com

Cancellation Penalties

Cancellation Penalties
Through September 26, 2023 - 0%
September 27, 2023 – April 2, 2024 - 50%
After April 2, 2024 - 100%

Make checks payable to:
Association for Diagnostics & Laboratory Medicine

Mail check payment to:
xx4307- Exhibit
Association for Diagnostics & Laboratory Medicine
P.O. Box 6003
McLean, VA 22106

Please Overnight Checks to:
Association for Diagnostics & Laboratory Medicine Exposition Mgmt.
c/o SPARGO, Inc.
11208 Waples Mill Road, Suite 112 • Fairfax, VA 22030

Credit Card Payments:
An invoice will be sent via email with instructions to submit credit card payment online. A 3% non-refundable processing fee will be added to all

I acknowledge that, as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the [ADLM 2024 Exhibit Terms, Conditions, Rules and Regulations](#). Exhibitor agrees to receive all written and electronic correspondence from ADLM, SPARGO, Inc. and official event contractors in reference to the ADLM 24 and all future ADLM events. This Meeting Room application will become a contract upon Exhibitor's authorized signature and ADLM's acceptance and approval.

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

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