

APPLICATION AND CONTRACT FOR PRODUCT SHOWCASE

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

Product Showcase

Standard \$2,050 per product

of Products: _____

Participating company must be an exhibitor and the manufacturer or exclusive distributor of the product. Information regarding the product must be available at your exhibit booth. Each Product Showcase purchase includes: posting in online Product Showcase Directory, rotating product image on onsite showcase billboard and listing on searchable kiosks, listing in Exhibit Guide, and appearance in three (3) print issues of the Clinical News Dailies.

Total Cost of all Opportunities: \$ _____

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.

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 credit card payments.

Submit application to:
 Email: exhibitcontracts@spargoinc.com

Need Help? Contact:
adlmexhibits@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 [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 2024 and all future ADLM events. This Product Showcase application will become a contract upon Exhibitor's authorized signature and ADLM's acceptance and approval.

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

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