

# APPLICATION AND CONTRACT FOR EXHIBIT SPACE

## ADLM 2025

Meeting Dates: July 27 – July 31, 2025

Exhibit Dates: July 29 – July 31, 2025

McCormick Place | Chicago, IL



Association for  
Diagnostics &  
Laboratory Medicine™

Formerly AACC

### Contact Information (English Only)

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

### Exhibit Space

Inline Space – \$52.00 per sq. ft.     Island Space – \$60.00 per sq. ft.    Size: \_\_\_\_\_ (min. 10' x 10')

Preferences: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_    Cost: \$ \_\_\_\_\_

### Payment Information

Deposit and Payment Schedule
September 25, 2024...50% due for applications submitted prior to September 25, 2024
September 25, 2024 – April 1, 2025...50% due with application
After April 1, 2025...100% due with application

**ADLM requires payment in full no later than April 2, 2025. Failure to make payments does not release the contracted or financial obligation of Exhibitor.**

Submit Completed Contract to:  
[exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

Need help? Contact:  
[adlmexhibits@spargoinc.com](mailto:adlmexhibits@spargoinc.com)  
703-631-6200 | 800-564-4200

### Cancellation Penalties

Cancellation Penalties
Through September 24, 2024 - 0%
September 25, 2024 – April 1, 2025 - 50%
After April 1, 2025 - 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.

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 2025 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 ADLM 2025 and all future ADLM events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ADLM's acceptance and approval.

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