

**APPLICATION AND CONTRACT FOR EXHIBIT SPACE**



**The American College of Obstetricians & Gynecologists  
2022 Annual District Meetings**

**Contact Information**

Company Name.....

Contact..... Title.....

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

Email (direct only)..... Web Site .....

Address.....

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

**Exhibit Space Rates**

District	Meeting Date	Location	Standard Rate	Loyalty Rate
To secure the loyalty rate select three (3) meetings.				
District VI	September 15-18	Chicago, IL [Booth #____ ]	☐ \$2,400	☐ \$2,200
District XI	September 23-25	San Antonio, TX [Booth #____ ]	☐ \$3,200	☐ \$3,000
Districts V, VIII & IX	Sept 26-Oct 1	Maui, HI [Table #____ ]	☐ \$3,500	☐ \$3,300
District IV & VII	Sept 30-Oct 2	Asheville, NC [Booth #____ ]	☐ \$2,800	☐ \$2,600
District X (Armed Forces)	October 16-19	Las Vegas, NV [Booth #____ ]	☐ \$2,500	☐ \$2,300
District I	October 28-30	Stowe, VT [Table #____ ]	☐ \$2,700	☐ \$2,500

To receive the loyalty rate, exhibit space at three or more meetings must be selected at the time of submitting the application. Standard rates will apply to exhibit space cancellations resulting in exhibitor participation at two meetings or less.

**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 2022 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.....