

**APPLICATION AND CONTRACT FOR EXHIBIT SPACE**

**The American College of Obstetricians & Gynecologists  
2021 Annual District Meetings**



**Contact Information**

Company Name.....  
 Contact..... Job Title.....  
 Tel..... Email..... Website.....  
 Address.....  
 City..... State..... Zip..... Country.....

**Exhibit Space Rates**

District	Meeting Dates	Location	Standard Rate	Loyalty Rate	Non-Profit Rate
To secure the loyalty rate select <b>three (3)</b> meetings.					
District IV	October 8-10	Virtual	☐ \$1,750	☐ \$1,600	☐ \$1,250
District VII	September 24-25	Tulsa, OK [Table #_____]	☐ \$2,400	☐ \$2,200	☐ \$1,900
Districts VIII and IX	September 30-Oct 2	Maui, HI [Table #_____]	☐ \$2,950	☐ \$2,750	
District X (Armed Forces)	October 10-12	Virtual	☐ \$1,750	☐ \$1,600	☐ \$1,250
District XI	October 22-24	Virtual	☐ \$1,750	☐ \$1,600	☐ \$1,250

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

**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 with instructions to submit credit card payment online will be sent via email within three business days.

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 2021 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.....