

# ASN Kidney Week 2019

 Meeting Dates: November 5-10, 2019 | Exhibit Dates: November 7-9  
 Walter E. Washington Convention Center | Washington, DC

 Submit Via  
 Email

## Contact Information

 Exhibiting Name (*Will be used for all ASN Kidney Week 2019 publications*) .....  
 Company Name.....  
 Contact..... Title.....  
 Tel..... Fax.....  
 Email..... Website .....  
 Address.....  
 City..... State..... Zip..... Country.....  
 How did you hear about this meeting? .....

## Exhibit Space Rates

Booth Size: \_\_\_\_\_' x \_\_\_\_\_' (min. 10'x10')

- ☐ Inline Space Rate – \$36 per square foot
- ☐ Island Space Rate – \$44 per square foot

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

**Enhanced Listing Upgrade:** Kidney Week has gone green! The Mobile App and online listings are the **ONLY WAY** attendees will be able to see what you have to offer and where you are located in the Exhibit Hall.

- ☐ Premium Exhibitor Listing - \$900

Total Cost of All Items: \$\_\_\_\_\_

## Payment Information

### Deposit and Payment Schedule

Initial 50% deposit deadline January 11, 2019

January 11, 2019 – July 12, 2019...50% due w/ application

After July 12, 2019...100% payment due

**ASN requires payment in full no later than July 13, 2019.**  
**Failure to make payments does not release the**  
**contracted or financial obligation of Exhibitor.**

**Make checks payable to: ASN**

For Application Questions, Contact:

[kidneyweek@spargoinc.com](mailto:kidneyweek@spargoinc.com) | 703-631-6200 | 800-564-4220

## Cancellation Penalties

### Cancellation Penalties

Through January 11, 2019 - 0%

January 12, 2019 – July 12, 2019 - 50%

After July 12, 2019 - 100%

### Fax / Email Application to:

703-563-2691 / exhibitcontracts@spargoinc.com

### Mail Check Payment to:

ASN Kidney Week 2018

P.O. Box 890658 ♦ Charlotte, NC 28289-0658

### Overnight Check Payment to:

ASN Kidney Week 2018

BB&amp;T Remittance Processing ♦ Attn: Box 890658

5130 Parkway Plaza Boulevard ♦ Charlotte, NC 28217

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* contained in the ASN Kidney Week 2019 Exhibitor Prospectus. Exhibitor agrees to receive all written and electronic correspondence from ASN, SPARGO, Inc. and official event contractors related to ASN Kidney Week and all future ASN events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ASN's acceptance and approval.

**I have read the ASN Kidney Week Rules and Regulations:** ☐

Authorized Signature..... Date.....

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

## Show Management Use

Authorized ASN Signature..... Date.....

Account Number..... Assigned Booth Number..... Size.....