



ASN Kidney Week 2020

Meeting Dates: October 20-25, 2020 | Exhibit Dates: October 22-24
 Colorado Convention Center | Denver, CO

Submit Via
Email

Contact Information

Exhibiting Name (*Will be used for all ASN Kidney Week 2020 publications*)

Company Name.....

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

Tel..... Mobile.....

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 – \$37 per square foot Booth Preferences: 1st _____ 2nd _____ 3rd _____

Island Space Rate – \$45 per square foot

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 8, 2020
January 8, 2020 – July 1, 2020...50% due w/ application
After July 1, 2020...100% payment due
ASN requires payment in full no later than July 2, 2020. 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 | 703-631-6200 | 800-564-4220

Cancellation Penalties

Through January 7, 2020 - 0%
January 8, 2020 – July 1, 2020 - 50%
After July 1, 2020 - 100%

Fax / Email Application to:
 703-563-2691 / exhibitcontracts@spargoinc.com

Mail Check Payment to:
 ASN Kidney Week
 P.O. Box 890658 ♦ Charlotte, NC 28289-0658

Overnight Check Payment to:
 ASN Kidney Week
 BB&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 2020 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.....