

ANESTHESIOLOGY® 2019

Meeting Dates: October 19-23, 2019

Exhibit Dates: October 19-21, 2019

Orange County Convention Center ~ Orlando, Florida

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Contact Information

Company Name.....
 Contact..... Title.....
 Tel..... Fax.....
 Email..... Web Site.....
 Address.....
 City..... State..... Zip..... Country.....

Exhibit Space

Standard – \$49.00 per sq. ft. Premium – \$52.50 per sq. ft. Corner Premium – \$300 per corner
 Booth Size: _____ (min. 10'x10') Booth Cost: \$ _____
 Booth # Preferences: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Additional Opportunities

Exhibitor Headquarters (10'x20') - \$7,150 Exhibitor Headquarters (20'x20') - \$10,200
 Pre/Post-Registration List - \$1,525 Premium Exhibitor Listing - \$1,250
 Total Cost (including Additional Opportunities): \$ _____

We are interested in the following:

Grand Opening Reception Smart Stage Simul8 Advertising Industry/Conference Support

Payment Information

Initials	Deposit and Payment Schedule
	December 14, 2018...50% due for applications submitted prior to December 14, 2018
	December 14, 2018 – June 24, 2019...50% due with application
	After June 24, 2019...100% due with application

ASA requires payment in full no later than June 25, 2019. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit application to:
 Email: exhibitcontracts@spargoinc.com

Need Help? Contact:
asaexhibits@spargoinc.com
 (703) 631-6200 | (800) 564-4220

Cancellation Penalties

Cancellation Penalties	Initials
Through December 13, 2018...0%	
December 14, 2018 – June 24, 2019...50%	
After June 24, 2019...100%	

Make checks payable to:
 American Society of Anesthesiologists®

Mail check payment to:
 ASA® Exposition Management
 c/o SPARGO, Inc.
 11208 Waples Mill Road, Suite 112 ♦ Fairfax, VA 22030

Credit Card Payments:
 An invoice will be sent within one business day 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 *Exhibition Rules and Regulations*. Exhibitor agrees to receive all written and electronic correspondence from ASA, SPARGO, Inc., and official event contractors in reference to the ANESTHESIOLOGY annual meeting and all future ASA events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ASA's acceptance and approval.

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