

## Premium Exhibitor Listings

The Premium Exhibitor Listing package is available to increase your exposure and help drive traffic to your booth. Exhibitors who upgrade will take advantage of longer company and product descriptions, logos, press releases and product photos. Let attendees know what you have to offer by enhancing your listing!

Exhibitor Listing Features	Basic Included	Premium \$1,250
<b>ONLINE</b>		
Company Name, Booth #, City, State, Country, URL, Links to Social Media Platforms	●	●
Product & Service Categories	Up to 5	Up to 10
600 Character Description	●	●
Expanded Company Description of Additional 600 Characters		●
Enhanced Listing Icon on Floor Plan Booth and Exhibitor List		●
Company Logo		●
Up to 5 Press Releases		●
2 Product Photos with Description		●
Rotating Logo on Home Page of Exposition Website		●
<b>IN-PRINT EXHIBIT GUIDE</b>		
Company Name, Booth #, City, State, Country, URL	●	●
Inclusion in Product & Service Directory	●	●
250 Character Description	●	●
Expanded Company Description of Additional 250 Characters		●
Company Logo		●
<b>MOBILE APP</b>		
Company Name, Booth #, City, State, Country, URL	●	●
Product & Service Categories	Up to 5	Up to 10
250 Character Description	●	●
Expanded Company Description of Additional 250 Characters		●
Company Logo		●

### SECURE YOUR UPGRADE!

Contact (800) 564-4220 / (703) 631-6200 or [asaexhibits@spargoinc.com](mailto:asaexhibits@spargoinc.com).

**APPLICATION AND CONTRACT FOR PREMIUM EXHIBITOR LISTING**

**ANESTHESIOLOGY® 2019**

Meeting Dates: October 19-23, 2019

Exhibit Dates: October 19-21, 2019

Orange County Convention Center ~ Orlando, Florida

**ANESTHESIOLOGY® 2019**

OCTOBER 19-23 | ORLANDO

[Click Here to Submit Via Email](#)

**Contact Information**

Company Name.....

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

Tel..... Fax.....

Email..... Web Site .....

Address.....

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

**Premium Exhibitor Listing** (Basic Exhibitor Listing included in booth purchase)

Premium Exhibitor Listing - \$1,250

Upon receipt of application and payment, a username and password will be sent to the contact listed above to submit directory upgrade information. Information for the online listing may be updated any time prior to the meeting. The deadline for the printed listing is July 26, 2019.

**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

**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

**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](mailto:exhibitcontracts@spargoinc.com)

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

**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 premium exhibitor listing application will become a contract upon Exhibitor's authorized signature and ASA's acceptance and approval.

Exhibitor Signature..... Date.....

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

**Show Management Use**

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

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