

ANESTHESIOLOGY® 2019

Meeting Dates: October 19-23, 2019

Exhibit Dates: October 19-21, 2019

Orange County Convention Center ~ Orlando, Florida

[Click Here to Submit Via Email](#)

Contact Information (In order to use the Smart Stage, companies must be an ANESTHESIOLOGY 2019 annual meeting exhibitor)

Company Name..... Booth Number.....

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

Tel..... Email.....

Address.....

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

Onsite Representative (if different from contact above).....

Smart Stage Fee – Sold on a first-come, first-served basis. Three stages available per slot.

\$3,500 per slot

Smart Stage presentation fee includes a theater area that accommodates 20-30 attendees, plus a microphone, speakers, counter and display monitor.

Dates and Times

Saturday, October 19 11 – 11:20 a.m. 11:30 – 11:50 a.m.

Sunday, October 20 12:05 – 12:25 p.m. 12:30 – 12:50 p.m.

Monday, October 21 12:00 – 12:20 p.m.

Payment Information

Initials	Deposit and Payment Schedule
	Through 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 June 24, 2019...50%	
After June 24, 2019...100%	

ASA reserves the right at any time to cancel the Smart Stage due to low interest or insufficient participation by companies or organizations. If cancelled for this reason, any payments made toward the Smart Stage presentations will be fully refunded.

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 *Qualifications and Terms*. 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 Smart Stage application will become a contract upon Exhibitor's authorized signature and ASA's acceptance and approval.

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

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