

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

OMED 2022

Meeting Dates: October 27-30, 2022
Exhibit Dates: October 28-29, 2022
Hynes Convention Center | Boston, MA

OMED 2022

Oct. 27 - 30 | Boston, MA | Hybrid

Contact Information

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

Exhibit Space

Standard Space - \$39.00 per sq. ft. Premium Space - \$42.00 per sq. ft. Corner - \$200 per open corner
Non-Profit / AOA Affiliate Space - \$25.00 per sq. ft.
Booth Size: (min. 10' x 10') Booth # Preferences: 1st 2nd 3rd
Featured Exhibitor Listing (Early Bird) - \$450
Featured Exhibitor Listing (Standard) - \$650
Booth Cost: Total Cost of All Items:
We are interested in Product Theaters or Product Forums

Payment Information

Table with 2 columns: Deposit and Payment Schedule. Rows include: May 27, 2022...50% due for applications submitted prior to May 27, 2022; May 27, 2022 - July 28, 2022...50% due with application; After July 28, 2022...100% due with application; AOA requires payment in full no later than July 29, 2022.

Submit application to:
exhibitcontracts@spargoinc.com
703-631-6200 | 800-564-4220

Cancellation Penalties

Table with 2 columns: Cancellation Penalties. Rows include: Through May 26, 2022...0%; May 27, 2022 - July 28, 2022...50%; After July 28, 2022...100%

Make checks payable to:
American Osteopathic Association

Mail check payment to:
AOA OMED Exposition Management, c/o SPARGO, Inc.
11208 Waples Mill Road, Suite 112 • Fairfax, VA 22030

Credit Card Payments:
An invoice with instructions to submit credit card payment online will be sent via email.

I acknowledge that, as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the Osteopathic Medical Conference & Exposition Rules and Regulations.

This exhibit space application will become a contract upon Exhibitor's authorized signature and AOA's acceptance and approval.

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