

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

OMED23

Meeting Dates: October 6-8, 2023

Exhibit Dates: October 6-7, 2023

Walt Disney World Swan and Dolphin | Orlando, FL



Osteopathic Medical Education Conference & Expo

Oct. 6-8 • Orlando, FL | Hybrid

Contact Information

Company Name.....
Contact..... Title.....
Tel (direct only)..... Mobile.....
Email (direct only)..... Web Site.....
Address.....
City..... State..... Zip..... Country.....

Exhibit Space

Standard Space – \$40.00 per sq. ft. Premium Space – \$43.00 per sq. ft. Corner – \$250 per open corner
 Non-Profit / AOA Affiliate Space – \$25.00 per sq. ft. (*rate applies to designated non-profit area and does not apply to COMs*)
Booth Size: _____ (min. 10' x 10') Booth # Preferences: 1st _____ 2nd _____ 3rd _____
 Featured Exhibitor Listing (Early Bird) - \$450
(Application must be submitted by October 29, 2022 to be eligible for the early bird rate.) Featured Exhibitor Listing (Standard) - \$650
Booth Cost: _____ Total Cost of All Items: _____
 We are interested in Product Theaters or Product Forums

Payment Information

Deposit and Payment Schedule
January 27, 2023...50% due for applications submitted prior to January 27, 2023
January 27, 2023 – June 7, 2023...50% due with application
After June 7, 2023...100% due with application

**AOA requires payment in full no later than June 8, 2023.
Failure to make payments does not release the contracted or financial obligation of Exhibitor.**

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

Cancellation Penalties

Cancellation Penalties
Through January 26, 2023...0%
January 27, 2023 – June 7, 2023...50%
After June 7, 2023...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](#). Exhibitor agrees to receive all written and electronic correspondence from AOA, SPARGO, Inc. and official event contractors in reference to OMED23 and all future AOA events.

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.....