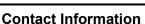
APPLICATION AND CONTRACT FOR INNOVATION HUB

OMED24

Meeting Dates: September 20-22, 2024 Exhibit Dates: September 20-21, 2024 Henry B. Gonzalez Convention Center | San Antonio, TX



Company Name			
Contact	Tit	tle	
Tel (direct only)	Мс	bile (required)	
Email (direct only)		Web Site	
Address			
City	State	. Zip	.Country

Innovation Hub

□ Kiosk Only – \$4,000	□ Kiosk and Speaking O	oportunity – \$12,500	Speaking) Opportunity	only – \$10,000
□ 10'x10' Booth Upgrade	Enhancement – \$2,850	Booth # Preferences: 1	st	2 nd	_3 rd

-	Easturad	Exhibitor	Listing	¢650
Ц	reatured	Exhibitor	Lisung -	3000

Total Cost of All Items: _____

Payment Information

Deposit and Payment Schedule

100% due upon receipt of invoice

AOA requires payment in full upon receipt of invoice. Failure to make payments does not release the contracted or financial obligation of Company.

Submit application to:

exhibitcontracts@spargoinc.com 703-631-6200 | 800-564-4220

Cancellation Penalties

Cancellation Penalties

100% cancellation penalty

Payment Remittance: An invoice with instructions on submitting an online credit card, E-Check, or ACH/Wire will be sent via email.

I acknowledge that, as an authorized representative of the above stated Company, I have received, reviewed, and agree that Company will comply with the <u>Osteopathic Medical Conference & Exposition Rules and Regulations</u>. Company agrees to receive all written and electronic correspondence from AOA, SPARGO, Inc. and official event contractors in reference to OMED24 and all future AOA events.

This Innovation Hub application will become a contract upon Company's authorized signature and AOA's acceptance and approval.

Exhibitor Signature	Date
Printed Name	Telephone





