

**APPLICATION AND CONTRACT FOR PRODUCT THEATER**

**OMED24**

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



**Contact Information**

Company Name.....  
 Contact..... Title.....  
 Tel (direct)..... Mobile (required).....  
 Email (direct)..... Web Site .....

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

**Product Theater**

**Exhibitor**

- Friday: \$30,000** (September 20, 10:30 – 11:15 AM)       **Saturday: \$30,000** (September 21, 10:30 – 11:15 AM)
- Friday: \$36,500** (September 20, 12:30 – 1:15 PM)       **Saturday: \$36,500** (September 21, 12:30 – 1:15 PM)

**Non-Exhibitor**

- Friday: \$34,000** (September 20, 10:30 – 11:15 AM)       **Saturday: \$34,000** (September 21, 10:30 – 11:15 AM)
- Friday: \$40,500** (September 20, 12:30 – 1:15 PM)       **Saturday: \$40,500** (September 21, 12:30 – 1:15 PM)

**Included: Product Theater will be On Demand for 2 months post show and includes one (1) promotional email**

Qty. \_\_\_\_\_ **Total Cost: \$** \_\_\_\_\_

**Payment Information**

Deposit and Payment Schedule
January 5, 2024...50% due for applications submitted prior to January 5, 2024
January 5, 2024 – May 8, 2024...50% due with application
After May 8, 2024...100% due
<b>AOA requires payment in full no later than May 9, 2024. Failure to make payments does not release the contracted or financial obligation of Company.</b>

**Cancellation Penalties**

Cancellation Penalties
Through January 4, 2024...0%
January 5, 2024 – May 8, 2024...50%
After May 8, 2024...100%

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

Submit application to: [exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)  
 703-631-6200 | 800-564-4220

I acknowledge that, as an authorized representative of the above stated Company, I have received, reviewed, and agree that Company will comply with the [Osteopathic Medical Conference & Exposition Rules and Regulations](#). 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 Product Theater application will become a contract upon Company's authorized signature and AOA's acceptance and approval.**

Company Signature..... Date.....  
 Printed Name..... Telephone.....