

APPLICATION AND CONTRACT FOR SPONSORSHIP

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 only)..... Mobile (required).....
Email (direct only)..... Web Site
Address.....
City..... State..... Zip..... Country.....

Sponsorship Opportunities

Sponsorship Opportunity: _____ Qty: _____ Cost: \$ _____
Sponsorship Opportunity: _____ Qty: _____ Cost: \$ _____
Sponsorship Opportunity: _____ Qty: _____ Cost: \$ _____
Sponsorship Opportunity: _____ Qty: _____ Cost: \$ _____
Total Cost: \$ _____
Special Requests/Notes: _____

Payment Information

Table with 2 columns: Deposit and Payment Schedule. Rows include: 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 with application; AOA requires payment in full no later than May 9, 2024. Failure to make payments does not release the contracted or financial obligation of Sponsor.

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

Cancellation Penalties

Table with 2 columns: Cancellation Penalties. Rows include: 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.

I acknowledge that, as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Sponsor will comply with the Osteopathic Medical Conference & Exposition Rules and Regulations. Sponsor 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 sponsorship application will become a contract upon Sponsor's authorized signature and AOA's acceptance and approval.

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