



PRACTICE MANAGEMENT™ 2020

JANUARY 17-19 | PARIS LAS VEGAS | LAS VEGAS, NV

American Society of Anesthesiologists®

[Click Here to Submit Via Email](#)

Exhibit Dates: January 17-18, 2020



Contact Information

Company Name.....
 Contact..... Title.....
 Tel..... Fax.....
 Email..... Web Site

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

Exhibit Space

Inline Space – \$2,900 per 100 sq. ft. Corner/Island Space – \$3,250 per 100 sq. ft.
 Size: _____ (min. 10' x 10') Preferences: 1st _____ 2nd _____ 3rd _____ Booth Cost: \$ _____

Additional Opportunities

Premium Exhibitor Listing - \$500 Pre/Post-Registration List - \$525

We are interested in the following:

Welcome Reception Industry Supporter/Conference Supporter Advertising Opportunities

Payment Information

Initials	Deposit and Payment Schedule
	March 20, 2019...50% due for applications submitted prior to March 20, 2019
	March 20, 2019– September 19, 2019...50% due with application
	After September 19, 2019...100% due with application

ASA requires payment in full no later than September 20, 2019. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit application to:
 Email: exhibitcontracts@spargoinc.com

Need Help? Contact:
asaexhibits@spargoinc.com
 (703) 631-6200 | (800) 564-4220

Cancellation Penalties

Cancellation Penalties	Initials
Through March 19, 2019...0%	
March 20, 2019 – September 19, 2019...50%	
After September 19, 2019...100%	

Make checks payable to:
 American Society of Anesthesiologists®

Mail check payment to:
 ASA® Exposition Management
 c/o SPARGO, Inc.
 11208 Waples Mill Road, Suite 112 ♦ Fairfax, VA 22030

Credit Card Payments:
 An invoice will be sent within one business day with instructions to submit credit card payment online.

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the *Exhibitor Rules and Regulations*. Exhibitor agrees to receive all written and electronic correspondence from ASA, SPARGO, Inc. and official event contractors in reference to PRACTICE MANAGEMENT™ and all future ASA events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ASA's acceptance and approval.

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