

**APPLICATION AND CONTRACT FOR VIRTUAL EXHIBIT & SPONSORSHIP**

**AACE 2022 Endocrine University Year 1**

Virtual Meeting Dates: February 24-26, 2022



**Contact Information**

Company Name.....  
Contact..... Job Title.....  
Tel..... Email..... Website.....  
Address.....  
City..... State..... Zip..... Country.....

**Virtual Exhibit**

- Virtual Spotlight Listing - \$2,000
- Virtual Spotlight Listing with Breakout Session\* - \$5,500

Date/Hour Preference Rank (1-4) in preferred order. Final scheduling will be determined by AACE.

Thursday 24-Feb 5:10PM \_\_\_\_\_ Thursday 24-Feb 5:40PM \_\_\_\_\_  
Friday 25-Feb 9:00AM \_\_\_\_\_ Friday 25-Feb 9:30AM \_\_\_\_\_

**Total Cost: \$** \_\_\_\_\_

*2 Full Meeting Registrations • Company Name • Company Logo • Mailing Address • Company Description • Website URL – Hyperlinked • 4 Product Categories • Primary PDF Brochure • Social Media Links • 4 Additional PDFs • 4 Additional Website URLs – Hyperlinked • 4 Sales Team Members with Video Chat • Banner Ad on Top of Listing Page – Hyperlinked • Video Content on Listing • Inbound Leads via “Request Information” • Lead Retrieval Report • Logo in Virtual Expo Hall • Registration Demographics List*

*\*The Virtual Spotlight with Breakout Session includes a 20-minute presentation in addition to your listing. Only 2 run concurrently.*

- You will receive a confirmation email including your password and access to your company profile.
- All content is subject to AACE approval. AACE reserves the right to make changes to content, as needed.
- It is the responsibility of the exhibiting company contact to ensure the company's information is submitted accurately.

**Sponsorship and Advertising Opportunities**

Opportunity: ..... Item Cost: \$.....  
Opportunity: ..... Item Cost: \$.....  
Opportunity: ..... Item Cost: \$.....

**Total Cost:**.....

*The company's primary contact person will receive all correspondence pertinent to your sponsorship and/or advertising opportunities and will be responsible for completing and returning items by the stated deadline.*

Special Requests/Notes: .....  
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**Payment Information**

**Deposit and Payment Schedule**

Payment in full due with application

**AACE requires payment in full with this application. Failure to make payments does not release the contracted or financial obligation of Exhibitor.**

**Submit application to:**

[exhibitcontracts@spargo.com](mailto:exhibitcontracts@spargo.com)

**Need help? Contact:**

[aaceexhibits@spargo.com](mailto:aaceexhibits@spargo.com)

703-631-6200 | 800-564-4220

**Cancellation Penalties**

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Cancellation fee 100% due

**Make checks payable to:**

American Association of Clinical Endocrinologists

**Mail check payment to:**

American Association of Clinical Endocrinologists (AACE)  
7643 Gate Pkwy., Suite 104-328 ♦ Jacksonville, FL 32256

**Credit Card Payments:**

An invoice will be sent via email with instructions to submit a 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 [Rules and Regulations](#). Exhibitor agrees to receive all written and electronic correspondence from AACE, SPARGO, Inc. and official event contractors in reference to the AACE Endocrine University Year 1 and all future AACE events. This virtual exhibit space and sponsorship application will become a contract upon Exhibitor's authorized signature and AACE's acceptance and approval.

Exhibitor Signature..... Date.....

Printed Name..... Telephone.....