



AAACE 2022 Co-Management Care in Endocrinology

Meeting Date: September 30, 2022

San Antonio, TX

AAACE®

Contact Information

Company Name.....

Contact..... Job Title.....

Tel..... Email (direct only).....

Website..... Address.....

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

Sponsorship Package

Partner Package – \$25,000

- One tabletop exhibit and lunch time Product Theater with food & beverage.
- Lead retrieval
- Acknowledgement as Partner Level Sponsor at Reception
- Rotating Ad on Meeting Website Homepage
- List of registered attendees with email addresses
- Eligible to exhibit at Cardiometabolic Conference
- Five attendee badges

Total Cost: \$ _____ (apply any discount)

MULTIPLE MEETING DISCOUNT: Receive **10% DISCOUNT** on AAACE Co-Management Care in Endocrinology sponsorship when purchased with any other AAACE National Meeting sponsorship (Endocrine Exchange, Cardiometabolic Conference, Obesity Conference). Only one discount can be applied.

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

100% 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@spargoinc.com

Need help? Contact:
aaceexhibits@spargoinc.com
703-631-6200 | 800-564-4220

Cancellation Penalties

Cancellation Penalties

Cancellation fee 100%

Make checks payable to:
American Association of Clinical Endocrinology

Mail check payment to:
American Association of Clinical Endocrinology (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.

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 Co-Management Care in Endocrinology and all future AACE events. This sponsorship package / sponsorship & advertising application will become a contract upon Exhibitor's authorized signature and AACE's acceptance and approval.

Signature..... Date.....

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