

# APPLICATION AND CONTRACT FOR SATELLITE SYMPOSIUM

## AACE Annual Scientific & Clinical Congress

Meeting Dates: May 12-14, 2022

Hilton Bayfront ~ San Diego, CA



### Requesting Organization (Management Company)

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

**Satellite Symposium:** Rate includes one-time usage of the pre-registered attendee list OR membership list, promotion in AACE Scientific & Clinical Congress material, one AACE promotional email, standard AV, and inclusion in the Satellite Symposia Schedule Board.

**Early Rate** (Through March 15, 2022)

☐ \$60,000

**Standard Rate** (After March 15, 2022)

☐ \$65,000

**TOTAL COST:** \$ \_\_\_\_\_

**Date/Time Preference:** Indicate by ranking 1-2 your date/time preference

**Thursday, May 12** \_\_\_\_ 7:00 – 9:00 PM

**Friday, May 13** \_\_\_\_ 7:00 – 9:00PM

### Payment Information

Deposit and Payment Schedule
Payment in full due with application
Failure to make payments does not release the contracted or financial obligation of Exhibitor.

#### Make checks payable to:

American Association of Clinical Endocrinology

#### Mail check payment to:

American Association of Clinical Endocrinology  
7643 Gate Parkway, Suite 104-328 • Jacksonville, FL 32256

**Need Help? Contact:** [aaceexhibits@spargoinc.com](mailto:aaceexhibits@spargoinc.com) 703-631-6200 | 800-564-4220

### Cancellation Penalties

Cancellation Penalties
Through March 15, 2022 - \$20,000 Cancellation Fee
After March 16, 2022 - 100%

#### Credit Card Payments:

An invoice with instructions to submit credit card payment online will be sent via email within three business days.

**Submit application to:** [exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

### Application Submission

I acknowledge that, as an authorized representative of the above stated Company, I have received, reviewed, and agree that Company will comply with the [AACE 2022 Satellite Symposium Guidelines](#) and agree to comply with all AACE/ACCME policies and procedures including, but not limited to:

The management company has developed this proposal independently, free of the control of the commercial supporter.

Company agrees to receive all written and electronic correspondence from AACE and SPARGO, Inc. in reference to the AACE Annual Scientific & Clinical Congress and all future AACE events. This Satellite Symposium application will become a contract upon Company's authorized signature and AACE's acceptance and approval.

Grant requests may only be initiated once authorization is provided by AACE.

**Company Signature** ..... **Date** .....

**Printed Name** ..... **Phone** .....

The following must be included with your application:

☐ Association Fee   ☐ Acceptance Letter from Commercial Supporter   ☐ Program Agenda   ☐ Accreditation Statement

AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGY  
AACE 2022 SATELLITE SYMPOSIUM REQUEST FORM

<b>Requesting Organization</b> (Management Company)	<b>Supporting Commercial Organization</b>
Company Name.....	Company Name.....
Contact.....	Contact.....
Job Title.....	Job Title.....
Address.....	Address.....
Phone.....	Phone.....
Email.....	Email.....
City/State/Zip.....	City/State/Zip.....
Country.....	Country.....

**Program Information** Significant changes to the content of the program, after acceptance of application, may result in cancellation or reassignment of symposium. All changes must be approved by AACE.

Proposed Symposium Title: .....

Presented By (company name to appear on signage): .....

Company Providing CME: ..... Budgeted Attendance: .....

Is this in response to an RFP? ☐ No ☐ Yes, RFP #: .....

Program Description: .....

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**Speaker(s):** If you will have more than 3 speakers, please submit additional speaker information to [aaceexhibits@spargoinc.com](mailto:aaceexhibits@spargoinc.com) along with your request form.

(1) Company Name.....

Contact..... Title.....

Phone..... Email.....

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

(2) Company Name.....

Contact..... Title.....

Phone..... Email.....

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

(3) Company Name.....

Contact..... Title.....

Phone..... Email.....

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

**Request Form Submission**

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**Company Signature**..... **Date**.....

**Printed Name**..... **Phone**.....