



**AAACE Annual Meeting**

Meeting Dates: May 15-17, 2025  
 Hilton Orlando | Orlando, FL

**Requesting Organization (Management Company)**

Company Name .....

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

Tel (direct only) ..... Mobile .....

Email (direct only) ..... Website .....

Address .....

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

**Satellite Symposium:** Rate includes meeting space and standard AV, 1x use of the pre-registered mailing list, promotional Symposia email (sent by AAACE), 1-1.5 CME Credits, inclusion in the Satellite Symposia Schedule Signage, promotion in AAACE2025 material, and 1-2 Hour timeslot.

Rates:  \*\$50,000     \$60,000                      **TOTAL COST: \$** \_\_\_\_\_

**Date/Time Preference:** Indicate by ranking 1-3 your date/time preference

**Wednesday, May 14** \_\_\_\_ 6:30 - 8:00 PM    **Thursday, May 15** \_\_\_\_ 7:30 - 9:00 PM    **\*Friday, May 16** \_\_\_\_ 5:00 - 6:00 PM

**Payment Information**

0% due through July 16, 2024
50% due July 17, 2024
100% due January 10, 2025
<b>Failure to make payments does not release the contracted or financial obligation of Sponsor.</b>

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

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

**Cancellation Penalties**

0% due through July 16, 2024
50% due July 17, 2024 – January 9, 2025
100% due if cancelled on or after January 9, 2025

**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

**Credit Card Payments:**  
 An invoice will be sent with instructions to submit credit card payment online.

**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 [AAACE 2025 Satellite Symposium Guidelines](#) and agree to comply with all AAACE/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 AAACE and SPARGO, Inc. in reference to the AAACE Annual Meeting and all future AAACE events. This Satellite Symposium application will become a contract upon Company's authorized signature and AAACE's acceptance and approval.

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

**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