



AACE 2025 Endocrine University Year 1

Virtual Meeting Dates: February 20-22, 2025

Contact Information

Company Name
Contact Job Title
Tel (direct only) Mobile
Email Website
Address
City State Zip Country

Support Opportunities

Opportunity: Item Cost: \$
Opportunity: Item Cost: \$
Total Cost:.....
Special Requests/Notes:.....
.....

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@spargoinc.com

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

Cancellation Penalties

Cancellation Penalties
Cancellation fee 100% due

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 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 support application will become a contract upon Exhibitor's authorized signature and AACE's acceptance and approval.

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