

APPLICATION AND CONTRACT FOR À LA CARTE SPONSORSHIP

AACE Annual Meeting 2026  
Meeting Dates | April 22-24, 2026  
Exhibit Dates | April 22-23, 2026  
Caesars Forum | Las Vegas, NV



Contact Information

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

À LA CARTE SPONSORSHIP OPPORTUNITIES

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

Payment Information

0% due through July 16, 2025
50% due July 17, 2025
100% due October 22, 2025
Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Cancellation Penalties

0% due through July 16, 2025
50% due July 17, 2025 – October 21, 2025
100% due if cancelled on or after October 22, 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.

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

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

I acknowledge that, as an authorized representative of the above stated Company, I have received, reviewed, and agree that Company will comply with the [Terms and Conditions](#). Company agrees to receive all written and electronic correspondence from AACE, SPARGO, Inc. and official event contractors in reference to the AACE Annual Meeting, other contracted AACE meetings and all present and future AACE meetings/events. This application will become a contract upon Company’s authorized signature and AACE’s acceptance and approval.

Company Signature ..... Date .....  
Printed Name ..... Phone .....