

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

2018 ASCB | EMBO Meeting

Meeting Dates: December 8-12, 2018
 Exhibit Dates: December 9-11, 2018
 San Diego Convention Center – San Diego, CA

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Contact Information

Company Name.....
 Contact..... Title.....
 Tel..... Fax.....
 Email..... Web Site.....
 Address.....
 City..... State..... Zip..... Country.....

Exhibit Space

- Inline Booth - **\$33.00 per sq. ft.** (min. 10'x10') **Size:** _____ x _____ **Total Cost:** \$ _____
- Corner Booth - **\$36.00 per sq. ft.** (min. 10'x10')
- Island Booth – **\$36.00 per sq. ft.** (min. 20'x20') **Preferences:** 1st _____ 2nd _____ 3rd _____
- Interactive Conference Booth (allows presentations within booth, furnishings not included) – **\$35.00 per sq. ft.** (min. 20'x30')
- Non-Profit Booth (for approved organizations) - **\$29.00 per sq. ft.** (min. 10'x10')

Payment Information

| Initials | Deposit and Payment Schedule |
|----------|---|
| | February 2, 2018...50% due for applications submitted prior to February 2, 2018 |
| | February 2, 2018 – August 9, 2018...50% due with application |
| | After August 9, 2018...100% due with application |

| Cancellation Penalties | Initials |
|---|----------|
| Through February 1, 2018...0% | |
| February 2, 2018 – August 9, 2018...50% | |
| After August 9, 2018...100% | |

Make checks payable to:
 ASCB – American Society for Cell Biology

Mail check payments to:
 ASCB Exhibits Management
 c/o SPARGO, Inc.
 11208 Waples Mill Rd., Suite 112
 Fairfax, VA 22030

Credit Card Payments:
 An invoice will be sent within one business day with instructions to submit credit card payment online.

Submit application via Email:
exhibitcontracts@spargoinc.com

ASCB requires full payment no later than August 10, 2018. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

ACH Remittance:
 SunTrust Account Name: American Society for Cell Biology
 SunTrust Account Number: 1000091141563
 Routing Number: 061000104
 SunTrust Bank | One Park Place | Atlanta, GA 30303

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

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 will comply with all updates of such policies applicable to the 2018 ASCB | EMBO Meeting. Exhibitor agrees to receive all written and electronic correspondence from ASCB and SPARGO, Inc. in reference to the ASCB | EMBO Meeting and all future ASCB events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ASCB's acceptance and approval.

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

Show Management Use

Authorized ASCB Signature..... Date.....
 Account Number..... Assigned Booth Number..... Size.....