

**APPLICATION AND CONTRACT FOR EXHIBIT SPACE**

**2019 ASCB|EMBO Meeting**

Meeting Dates: December 7-11, 2019  
 Exhibit Dates: December 8-10, 2019  
 Walter E. Washington Convention Center – Washington, DC

**Submit Via Email**

**ASCB | EMBO 2019 meeting**  
 Washington, DC · December 7-11

**Contact Information**

Company Name.....  
 Contact..... Title.....  
 Tel..... Fax.....  
 Email..... Web Site.....  
 Address.....  
 City..... State..... Zip..... Country.....  
 How did you hear about this meeting? .....

**Exhibit Space**

- Inline Booth - **\$34.00 per sq. ft.** (min. 10'x10')      **Size:** \_\_\_\_\_ x \_\_\_\_\_      **Total Cost:** \$ \_\_\_\_\_
- Corner Booth - **\$37.00 per sq. ft.** (min. 10'x10')
- Island Booth – **\$37.00 per sq. ft.** (min. 20'x20')      **Preferences:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_
- Interactive Conference Booth (allows presentations within booth, furnishings not included) – **\$36.00 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 12, 2019...50% due for applications submitted prior to February 12, 2019
	February 12, 2019 – August 9, 2019...50% due with application
	After August 9, 2019...100% due with application

Cancellation Penalties	Initials
Through February 11, 2019...0%	
February 12, 2019 – August 9, 2019...50%	
After August 9, 2019...100%	

**ASCB requires full payment no later than August 10, 2019. 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@spargo.com](mailto:ascbexhibits@spargo.com) | 703-631-6200 | 800-564-4220

**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@spargo.com](mailto:exhibitcontracts@spargo.com)

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 2019 ASCB|EMBO Meeting. Exhibitor agrees to receive all written and electronic correspondence from ASCB, SPARGO, Inc., and official event contractors in reference to the ASCB|EMBO Meeting, and all future ASCB events and opportunities. 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.....