

APPLICATION FOR EXHIBIT SPACE

ANNUAL SCIENTIFIC MEETING & POSTGRADUATE COURSE OCTOBER 5 - 10, 2018 • Pennsylvania Convention Center

American College of Gastroenterology • 6400 Goldsboro Road, Suite 200 • Bethesda, MD 20817-5846
TEL: 301-263-9000; FAX: 301-263-9025 • Attn: Exhibit Manager



We would like to reserve exhibit space for the 83rd Annual Meeting

of the American College of Gastroenterology, October 5-10, 2018 at the Pennsylvania Convention Center, Philadelphia, Pennsylvania.

PREFERRED BOOTH SIZE _____

1st Choice	2nd Choice	3rd Choice	4th Choice	5th Choice	6th Choice

FOR ACG USE ONLY

ASSIGNMENT

BOOTH NUMBER(S)

DIMENSIONS

PRICE

DEPOSIT

AMOUNT RECEIVED

DATE

BALANCE DUE

DATE

We do not wish to be in close proximity to the following companies: _____

We do wish to be in close proximity to the following companies: _____

We understand that the cost of exhibit space is as follows: \$3,100 per 10x10 exhibit space, \$3,300 per corner, \$39.00 per square foot island. A deposit of 50% of the contracted space price must be included with this application form. BOOTH ASSIGNMENTS WILL NOT BE MADE UNTIL THE DEPOSIT HAS BEEN RECEIVED. The balance must be paid no later than **MARCH 16, 2018**. (We will continue accepting applications after the March 16 deadline, however, full payment must accompany the application.) A service fee of 25% of the total booth cost will apply to any cancellation or space reduction prior to the March 16 deadline. No refunds will be issued at any time to firms canceling if space cannot be resold or the trade show floor does not sell out. There will be no refunds whatsoever for space canceled after March 16, 2018. All exhibitors agree to abide by the Official Rules and Regulations. Please make checks payable to: American College of Gastroenterology. If you wish to pay by credit card, please fill in the required information below. American Express, VISA, and MasterCard accepted. A service fee of 4% will be applied to each credit card payment.

COMPANY NAME

CONTACT NAME

ADDRESS

CITY

STATE

ZIP/POSTAL CODE

PHONE

E-MAIL ADDRESS

CREDIT CARD NUMBER

EXPIRATION DATE

CARDHOLDER'S NAME (PRINT)

CARDHOLDER'S SIGNATURE

ALL CORRESPONDENCE WILL BE CONDUCTED WITH THE PERSON LISTED ABOVE. NO REFUNDS WILL BE ISSUED TO FIRMS CANCELING IF SPACE CANNOT BE RESOLD OR IF TRADE SHOW FLOOR DOES NOT SELL OUT. NO REFUNDS WHATSOEVER FOR SPACE CANCELED AFTER MARCH 16, 2018.