

APPLICATION FOR EXHIBIT SPACE

WORLD CONGRESS OF GASTROENTEROLOGY AT ACG2017

OCTOBER 13 - 18, 2017 • ORLANDO, FLORIDA • ORANGE COUNTY 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 World Congress of Gastroenterology at ACG2017

of the American College of Gastroenterology and World Gastroenterology Organisation, October 13-18, 2017 at the Orange County Convention Center, Orlando, Florida.

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 **WEDNESDAY, MARCH 15, 2017**. (We will continue accepting applications after the March 15 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 15 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 15, 2017. 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 necessary information below. American Express, VISA, and MasterCard accepted.

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 15, 2017.