AMERICAN COLLEGE OF SURGEONS 97th ANNUAL CLINICAL CONGRESS

2011 TECHNICAL EXHIBIT APPLICATION/CONTRACT

EXHIBIT DATES: OCTOBER 24–26, 2011 • MOSCONE CONVENTION CENTER, SOUTH BUILDING • SAN FRANCISCO, CA

☐ Free-form island (min. 20' × 20'); indicate dimension _____
(for example, 20' × 20', 20' × 30', and so on)

☐ In-line 10' × 10' or multiple thereof; indicate dimension _____
(for example, 10' × 20', 10' × 30', and so on)

☐ Check here if corner booth required

FIRST CHOICE _____

SECOND CHOICE _____

THIRD CHOICE _____

FOURTH CHOICE _____

FIFTH CHOICE _____

SIXTH CHOICE _____

SEVENTH CHOICE _____

EIGHTH CHOICE _____

NINTH CHOICE _____

TENTH CHOICE _____

If the above spaces are not available at the time your application is processed, the Exhibit Manager will assign the best possible location.

CHECK IF YOU REQUIRE:

☐ Gas ☐ Water ☐ Compressed Air

Exhibitors we do not want in proximity:

_____

_____

DESCRIPTION OF PRODUCT/SERVICE DISPLAYED:

_____

_____

_____

MARKET RESEARCH FIRMS

Market research firms must indicate the companies for which they are conducting market research. Space will not be assigned without this information.

_____

_____

FOR ACS USE ONLY

PRIORITY POINTS _____ SPACE ASSIGNED _____

COST _____ DATE _____

Mail check and application to:
Jacquelyn Mitchell, Exhibit Manager
American College of Surgeons
PO Box 92340
Chicago, IL 60675-2340

Fax credit card information and application to:
Jacquelyn Mitchell
312-267-1768

EXHIBITOR INFORMATION

Please type company name, address, and telephone number exactly as they should appear in all ACS official publications.

COMPANY _____

ADDRESS _____

CITY _____

STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

TELEPHONE _____ FAX _____

E-MAIL _____ WEB SITE _____

CONTACT INFORMATION

OFFICIAL CONTACT _____

TITLE _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE ___ ZIP _____

TELEPHONE _____ FAX _____

E-MAIL _____

ADDITIONAL CONTACT _____

TITLE _____

TELEPHONE (IF DIFFERENT FROM ABOVE) _____

E-MAIL _____

PAYMENT

Space will be rented at $34 per square foot for island and corner locations and $33 per square foot for in-line booths. A deposit of $1,000 per 100 square feet of space must accompany this application or the application will be returned. **The initial deposit will not be refunded.**

PAYMENT METHOD: ○ CHECK ○ AMEX ○ MASTERCARD ○ VISA

Credit Card Number

Amount $ _____

Exp. Date: (MM/YYYY)

INVOICE AND AGREEMENT

Your signature on this application indicates that you understand and agree to comply with all the policies, rules, regulations, terms, and conditions contained in the Technical Exhibitors Prospectus; will abide by the payment policy; have read the rules and regulations; and, for proper execution, agree to distribute them to those individuals involved with your booth.

The exhibitor has read, understands, and agrees that the 2011 ACS rules and regulations are an integral and binding part of this contract.

SIGNATURE _____ DATE _____

RESET FORM