



The American College of Obstetricians & Gynecologists
2026 Annual District Meetings

Contact Information

Company Name

Contact Job Title

Tel (direct only) Mobile (required)

Email (direct only) Website

Address

City State Zip Country

Is this your company's first time exhibiting at the ADMs? Yes No Unsure

Exhibit Space Rates

District	Meeting Date	Location	Space Rate
District XII	August 7-9	Orlando, FL Booth # _____	<input type="checkbox"/> \$3,500
District V	August 28-30	Detroit, MI Table # _____	<input type="checkbox"/> \$1,750
Districts VIII & IX	September 18-20	Carlsbad, CA Booth # _____	<input type="checkbox"/> \$3,500
District X (Armed Forces)	September 26-29	Covington, KY Booth # _____	<input type="checkbox"/> \$3,500
District III	October 2	Philadelphia, PA Table # _____	<input type="checkbox"/> \$1,750
District IV	October 2-4	Cambridge, MD Table # _____	<input type="checkbox"/> \$3,500
Districts I & VI	October 9-11	Montreal, QC Booth # _____	<input type="checkbox"/> \$3,500
District II	October 16-17	Brooklyn, NY Table # _____	<input type="checkbox"/> \$3,500
Districts VII & XI	October 16-18	Austin, TX Booth # _____	<input type="checkbox"/> \$3,500

Total Exhibit Space Cost: \$ _____

Payment Information & Cancellation Penalties

Deposit and Payment Schedule:

Full payment due net 30 days from receipt of invoice

Applications received after due date are "due upon receipt," and must be brought up to date to most recent payment deadline. If Exhibitor fails to pay either 50% Deposit or final 100% Balance by due dates listed above, ACOG may cancel Exhibitor's participation per penalty schedule. ACOG is free to assign released space to other companies. Cancellation does not release Exhibitor from obligation per penalty schedule.

Cancellation Penalties:

100% Cancellation

Make checks payable to:

American College of Obstetricians and Gynecologists

Mail check payment to:

ACOG Exposition Management, c/o SPARGO, Inc.
1881 Campus Commons Drive, Suite 350 | Reston, VA 20191

Credit Card Payments:

An invoice will be sent with instructions to submit credit card payment online.

Submit Completed Contract to: acogexhibits@spargoinc.com

Need Help? Contact: acogexhibits@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 [Terms and Conditions](#). Exhibitor agrees to receive all written and electronic correspondence from ACOG, SPARGO, Inc. and official event contractors in reference to the 2026 Annual District Meetings and all future ACOG events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ACOG's acceptance and approval.

Exhibitor Signature..... Date.....

Printed Name..... Telephone.....