

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

The American College of Obstetricians & Gynecologists 2025 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
Districts V and XII	August 8-10	Orlando, FL Booth # _____	<input type="checkbox"/> \$3,500
Districts X (Armed Forces)	September 13-17	Norfolk, VA Booth # _____	<input type="checkbox"/> \$3,500
Districts VIII and IX	September 18-20	Honolulu, HI Booth # _____	<input type="checkbox"/> \$4,200
Districts VI and VII	September 19-21	St. Louis, MO Booth # _____	<input type="checkbox"/> \$3,500
District IV	September 26-28	Greensboro, NC Booth # _____	<input type="checkbox"/> \$3,500
Districts I and XI	October 3-5	New Orleans, LA Booth # _____	<input type="checkbox"/> \$3,500

Total Exhibit Space Cost: \$ _____

Payment Information

Payment Schedule
Full payment due net 30 days from receipt of invoice
ACOG requires payment in full net 30 days from receipt of invoice. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit Completed Contract to:
exhibitcontracts@spargoinc.com

Need Help? Contact:
acogexhibits@spargoinc.com
703-631-6200 | 800-564-4220

Cancellation Penalties

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.
11208 Waples Mill Road, Suite 112 ♦ Fairfax, VA 22030

Credit Card Payments:
An invoice will be sent with instructions to submit credit card payment online.

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 agrees to receive all written and electronic correspondence from ACOG, SPARGO, Inc. and official event contractors in reference to the 2025 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.....