

# AGS 2020 APPLICATION AND CONTRACT FOR EXHIBIT SPACE



## EXHIBIT COMPANY

Please reserve exhibit space for the company listed below at the AGS 2020 Annual Scientific Meeting to be held in Long Beach California.

This application becomes valid only after being signed by Exhibitor and a confirmation of space has been issued with a receipt of deposit acknowledged by Exhibit Management.

COMPANY NAME \_\_\_\_\_  
*Print name as you wish it to appear in the Exhibit Directory and Company ID Sign*

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ WEBSITE: \_\_\_\_\_

Is this your company's first time exhibiting at the AGS Annual Scientific Meeting?  Yes  No

What products and/or services does your company provide? Please provide detail: -----  
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Are any of these products launching at the AGS Meeting?  Yes  No  
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## BOOTH PRICES

Each 10' x 10' Corner booth	\$2,150
Each 10' x 10' Inline booth	\$2,000
Each 10' x 10' Corner Not-for-Profit	\$1,050
Each 10' x 10' Inline Not-for-Profit	\$900

## BOOTH SPACE

Total Booth Size: 10' x \_\_\_\_\_

____ Corner Booth(s) @ \$2,150	\$ _____
____ Inline Booth(s) @ \$2,000	\$ _____
____ Corner Not-for Profit Booth(s) @ \$1,050	\$ _____
____ Inline Not-For Profit Booth(s) @\$900	\$ _____
<b>Total Booth Space Cost:</b>	<b>\$ _____</b>

Preferred Booth Location: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
4) \_\_\_\_\_ 5) \_\_\_\_\_

*Exhibit Management reserves the right to alter the floor plan and/or assign any exhibit location if deemed necessary for the good of the show at any time.*

We prefer that our exhibit not be located next to or across from the following companies:

\_\_\_\_\_  
\_\_\_\_\_

**All furniture is the responsibility of the individual exhibitor. The American Geriatrics Society will not provide any tables, chairs, or electricity. The Exhibit Hall is NOT carpeted.**

Request the Post Mailing List Order Form  Yes  No

## PAYMENT

Important: No booths will be assigned without the minimum deposit.

We are enclosing with this application a minimum 50% deposit of the total booth price. We agree to pay the balance **before February 21, 2020**. Your signature on this form allows AGS to keep your credit card number in the file for an automatic debit in the amount of the total due on February 21, 2020. If you do not want this credit card to be charged, your check for the balance due must be received before February 21, 2020.

### CHECK

Please make checks payable in U.S. Funds, Drawn on a U.S. Bank to: **American Geriatrics Society**

Remit to: Dennise McAlpin  
American Geriatrics Society  
40 Fulton Street, 18<sup>th</sup> Floor  
New York, NY 10038

**CHARGE MY**  American Express  VISA  MasterCard  
*[Fill in account number and expiration date at the bottom]*

Print Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*Official Use Only: Approval of New Exhibitors* \_\_\_\_\_

## ACCEPTANCE

Rules and regulations for exhibitors listed on the reverse side of this contract are an integral part of this contract. It is understood by the undersigned that the American Geriatrics Society Annual Scientific Meeting 2020 rules and regulations for the Long Beach Convention Center govern all exhibit activities.

**It is understood** that the exhibitor is responsible for daily cleaning of their booth and will make arrangements with the General Services Contractor. Any exhibitor that has not ordered cleaning for the opening day will have their booth cleaned to present an attractive appearance. The cost will be charged to the exhibitor.

**Signed and accepted** by Authorized Agent of Exhibitor:

\_\_\_\_\_  
Signature Dated

*Please address all communications regarding exhibit sales to:*  
Jenna Mancuso  
Apolline Group  
403 Route 70 East, Ste 203, Cherry Hill, NJ 08034  
Tel: 302-307-2975  
Email: agsexhibits@apollinegroup.com

Account Number

Expiration Date