

ASCA 2018

APPLICATION & CONTRACT



This is a writeable PDF. To ensure accuracy, we ask that you complete this application on a computer.

Contracts must be emailed to Alex Yewdell at alex@bluehouse.us

Call 202.337.1897

Email alex@bluehouse.us

Mail 2168 Wisconsin Ave, NW Washington, DC 20007-2280

We, the undersigned, make application for exhibit space at ASCA 2018, subject to the conditions, rules and regulations governing the exhibition as stated on page 22, which we accept as part of the agreement. We understand the space assignments will be made by ASCA.

Signature

Company Information

The information provided will be reflected on all printed and digital listings of Exhibitors and Sponsors. Any LLC or INC tags will not be displayed.

Company Name _____

Website _____

Phone _____

Address _____

City _____

State/ZIP _____

Please mark the following boxes according to your company's products or services

- | | | |
|--|--|--|
| <input type="checkbox"/> Accountants | <input type="checkbox"/> Group Purchasing Organizations | <input type="checkbox"/> Pharmaceutical Services |
| <input type="checkbox"/> Accreditation Assistance | <input type="checkbox"/> Healthcare Staffing Agencies | <input type="checkbox"/> Publication |
| <input type="checkbox"/> Accreditation Organizations | <input type="checkbox"/> Human Resources Firms | <input type="checkbox"/> Refurbished/Pre-Owned Medical Equipment |
| <input type="checkbox"/> Architectural/Design Firms | <input type="checkbox"/> Insurance Providers | <input type="checkbox"/> Satisfaction Assistance |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> IT Services | <input type="checkbox"/> Software Companies |
| <input type="checkbox"/> Development Consultants | <input type="checkbox"/> Management Consultants | <input type="checkbox"/> Wholesaler and Distributor |
| <input type="checkbox"/> Equipment/Instrument Supplies and Repairs | <input type="checkbox"/> Pathology/Laboratory/Anesthesia Services | |
| <input type="checkbox"/> Financial Capital Appraisers | <input type="checkbox"/> Patient Financial (Billing/Coding/Collections) Services | |

Email logo and a 50-word description for the ASCA Affiliate directory to affiliate@ascassociation.org

Exhibitor/Sponsor Contact

All information regarding ASCA 2018 will be sent to this person. If you wish to include another point of contact, please provide their information in the Secondary Point of Contact box.

Name _____

Phone _____

Fax _____

Email _____

Secondary Point of Contact

Name _____

Phone _____

Fax _____

Email _____

Credit Card and Payment Information

- VISA MasterCard AMEX Check

If paying by check, please make payable to Ambulatory Surgery Foundation and mail to: 2168 Wisconsin Ave, NW • Washington, DC 20007-2280

Please note, exhibit booth spaces will not be assigned until payment has been received.

Name on card _____

Billing address _____

Credit card number _____

Code _____

Expiration date _____

Signature _____

Initial here _____ ensuring that you have read and understood section 19 within the ASCA 2018 Rules & Regulations on page 22.

ADVERTISING

Ad Deadline: February 6 Ad Materials: February 26 Amount

ONSITE PROGRAM

4-Color	<input type="checkbox"/> Full Page	\$2,000	_____
	<input type="checkbox"/> Tab	\$2,500	_____
	<input type="checkbox"/> Cover Band	\$3,000	_____
	<input type="checkbox"/> Back Band	\$2,750	_____

ONSITE SIGNAGE \$500 to \$3,250 per sign call for details

EXHIBIT HALL

PATHFINDERS	<input type="checkbox"/> Entrance Floor Graphics	\$350	_____
	<input type="checkbox"/> Floor Graphics	\$475	_____

ASCA 2018 WEBSITE \$500 _____

ASCA 2018 ATTENDEE MAILING LIST (rental rules apply) \$1,000 _____

ASC FOCUS—May*

	<input type="checkbox"/> Full Page	\$2,250	_____
	<input type="checkbox"/> ½ Page	\$1,750	_____

*ASCA 2018 Conference Issue, bonus distribution onsite

