

ASCA 2017

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 2017, subject to the conditions, rules and regulations governing the exhibition as stated on page 24, 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 2017 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 2017 Rules & Regulations on page 24.

ADVERTISING

| | Ad Deadline: March 1 | Ad Materials: March 14 | 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 | <input type="checkbox"/> \$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 2017 WEBSITE | <input type="checkbox"/> \$500 | | _____ |
| ASCA 2017 ATTENDEE MAILING LIST (rental rules apply) | | <input type="checkbox"/> \$1,000 | _____ |
| ASC FOCUS—June/July* | | | |
| | <input type="checkbox"/> Full Page | | \$2,250 _____ |
| | <input type="checkbox"/> ½ Page | | \$1,750 _____ |

*ASCA 2017 Conference Issue, bonus distribution onsite

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ASCA Affiliate Program Annual Fee **Amount**
 Join or renew for access to numerous Affiliate benefits. ASCA Affiliate rates are available once your company's annual Fee is paid. \$975 _____

Affiliate Agreement Terms And Conditions
 ASCA resources are for your personal and non-commercial use. ASCA Affiliates are responsible for maintaining the confidentiality of their passwords, and are not to share their User IDs or passwords with any third parties. You may not copy, replicate, modify, distribute, display, perform, create derivative works from, transfer or sell any information, software, products or services obtained from ascassociation.org in any medium or format, including, without limitation, human-readable, machine-readable, printed, visible, audible, electronic, by email forwarding, TV, satellite, digital transmission, scanned or website re-cycled, except where expressly noted that the material is available for such purpose.

AGREE DISAGREE

Exhibit

| | Early Registration | After January 10 | After February 14 |
|------------------------|----------------------------------|----------------------------------|----------------------------------|
| 10' X 10' BOOTH | | | |
| Affiliate | <input type="checkbox"/> \$3,750 | <input type="checkbox"/> \$4,250 | <input type="checkbox"/> \$4,500 |
| Non-Affiliate | <input type="checkbox"/> \$5,500 | <input type="checkbox"/> \$5,750 | <input type="checkbox"/> \$6,000 |
| | Amount _____ | | |

| | | | |
|------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 10' X 20' BOOTH | | | |
| Affiliate | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$8,500 | <input type="checkbox"/> \$9,000 |
| Non-Affiliate | <input type="checkbox"/> \$11,000 | <input type="checkbox"/> \$11,500 | <input type="checkbox"/> \$12,000 |
| | Amount _____ | | |

| | | | |
|------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 10' X 30' BOOTH | | | |
| Affiliate | <input type="checkbox"/> \$11,250 | <input type="checkbox"/> \$12,750 | <input type="checkbox"/> \$13,500 |
| Non-Affiliate | <input type="checkbox"/> \$16,500 | <input type="checkbox"/> \$17,250 | <input type="checkbox"/> \$18,000 |
| | Amount _____ | | |

| | | | |
|------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 20' X 20' BOOTH | | | |
| Affiliate | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$17,000 | <input type="checkbox"/> \$18,000 |
| Non-Affiliate | <input type="checkbox"/> \$22,000 | <input type="checkbox"/> \$23,000 | <input type="checkbox"/> \$24,000 |
| | Amount _____ | | |

| | | | |
|------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 20' X 30' BOOTH | | | |
| Affiliate | <input type="checkbox"/> \$22,500 | <input type="checkbox"/> \$25,500 | <input type="checkbox"/> \$27,000 |
| Non-Affiliate | <input type="checkbox"/> \$33,000 | <input type="checkbox"/> \$34,500 | <input type="checkbox"/> \$36,000 |
| | Amount _____ | | |

Sponsor **Amount**
PLATINUM (PICK 1)
 Attendee Meeting Bags
\$30,000 _____

GOLD (PICK 1)
 ASC Celebration Luncheon Exhibit Hall Receptions
 Onsite Program Social Event
\$24,000 _____

CONNECTIVITY PROVIDERS (PICK 1)
 Conference-Wide WiFi Mobile App
\$24,000 _____

Sponsor **Amount**
SILVER (PICK 1)
 Badge Lanyards 5K Fun Run/Walk
 Breakfast Break & Exhibit Hall Luncheon (2 available) Group Yoga
 Exhibit Hall Chair Massage Pedometer Challenge
 Hotel Key Cards Reusable Water Bottles (2 available)
\$13,500 _____

BRONZE (PICK 1)
 Breaks (3 available) Exhibit Hall Passport
 Charging Lockers Social Event Transportation
 Continuing Education Kiosks Professional Headshots (2 available)
\$6,500 _____

Booth Selection
 Please review the exhibit hall floor plan to request three locations.

| 1st choice | 2nd choice | 3rd choice |
|------------|------------|------------|
| _____ | _____ | _____ |

We wish to avoid having our exhibit located adjacent to the following companies. We understand ASCA will make every effort but cannot guarantee our placement.

Our company would like to host a private meeting/presentation, party or happy hour for _____ people during an approved time at the meeting hotel during ASCA 2017. Please send me further details.

ADDITIONAL OPPORTUNITIES

VENDOR HEADQUARTERS

| | | |
|-----------|---------|-------|
| Exhibitor | \$2,750 | _____ |
| Sponsor | \$1,750 | _____ |

BOARD LUNCHEON \$2,500 _____
 BOARD DINNER \$5,000 _____
 PRESIDENT'S RECEPTION \$5,000 _____

TOTAL \$ _____