

ASCA 2019

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@bhsalesgroup.com

Call 202.337.1897

Email alex@bhsalesgroup.com

We, the undersigned, make application for exhibit space at ASCA 2019, 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"/> Patient Financial (Billing/Coding/Collections) Services |
| <input type="checkbox"/> Accreditation Assistance | <input type="checkbox"/> Healthcare Staffing Agencies | <input type="checkbox"/> Pharmaceutical Services |
| <input type="checkbox"/> Accreditation Organizations | <input type="checkbox"/> Human Resources Firms | <input type="checkbox"/> Physicians Financing |
| <input type="checkbox"/> Architectural/Design Firms | <input type="checkbox"/> Insurance Providers | <input type="checkbox"/> Publication |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> IT Services | <input type="checkbox"/> Refurbished/Pre-Owned Medical Equipment |
| <input type="checkbox"/> Development Consultants | <input type="checkbox"/> Management Consultants | <input type="checkbox"/> Satisfaction Assistance |
| <input type="checkbox"/> Equipment/Instrument Supplies and Repairs | <input type="checkbox"/> Medical Receivables Financing | <input type="checkbox"/> Software Companies |
| <input type="checkbox"/> Financial Capital Appraisers | <input type="checkbox"/> Pathology/Laboratory/Anesthesia Services | <input type="checkbox"/> Wholesaler and Distributor |

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

Exhibitor/Sponsor Contact

All information regarding exhibiting at ASCA 2019 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 _____

Please indicate your preferred payment method:

- Check ACH Credit Card

If paying by check, please make payable to Ambulatory Surgery Foundation and mail to: 1012 Cameron Street, Alexandria, VA 22314.

If paying by ACH or Credit Card, please remit payment online at <https://www.ascassociation.org/remittance>.

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

Signature

Initial here _____ ensuring that you have read and understood section 19 within the ASCA 2019 Rules & Regulations on page 22.

ADVERTISING

Ad Deadline: March 15 Ad Materials: April 8 Amount

ONSITE PROGRAM			
4-Color	<input type="checkbox"/> Full Page	\$2,000	_____
	<input type="checkbox"/> Tab	\$2,500	_____
ONSITE SIGNAGE	<input type="checkbox"/> \$500 to \$3,250 per sign		call for details
.....			
EXHIBIT HALL PATHFINDERS	<input type="checkbox"/> Exhibit Hall Floor Graphics	\$475	_____
.....			
ASCA 2019 WEBSITE (300 x 250)	<input type="checkbox"/> \$500		_____
.....			
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 2019 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 4	After February 15	Amount
10' X 10' BOOTH				
Affiliate	<input type="checkbox"/> \$3,750	<input type="checkbox"/> \$4,250	<input type="checkbox"/> \$4,700	
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"/> \$9,400	
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"/> \$14,100	
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"/> \$18,800	
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"/> \$28,200	
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 Social Event
 Exhibit Hall Receptions Keynote Speaker

\$24,000 _____

CONNECTIVITY PROVIDERS (PICK 1)
 Conference WiFi Mobile App

\$16,500 _____

Sponsor **Amount**
SILVER (PICK 1)
 Badge Lanyards Bootcamp
 Breakfast Break & Exhibit Hall Luncheon Pedometer Challenge
 Hotel Key Cards Reusable Tumblers
 Exhibit Hall Chair Massage TapSnap Photobooth
 Onsite Program

\$13,500 _____

BRONZE (PICK 1)
 Breaks Exhibit Hall Passport
 Recharge Lounge Focus Group
 Backyard Pens
 Performance Stages

\$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 2019. Please send me further details.

ADDITIONAL OPPORTUNITIES

AFFILIATE LAB
 Exhibitor \$1,500 _____
 Sponsor \$1,250 _____

VENDOR HEADQUARTERS
 Exhibitor \$2,750 _____
 Sponsor \$1,750 _____

BOARD LUNCHEON \$2,500 _____
BOARD DINNER \$5,000 _____
PRESIDENT'S RECEPTION \$5,000 _____
BASC RECEPTION \$3,500 _____

TOTAL \$ _____