

# APPLICATION for EXHIBIT SPACE



## AMERICAN COLLEGE OF GASTROENTEROLOGY ACG 2017 Regional Postgraduate Courses

American College of Gastroenterology • 6400 Goldsboro Road, Suite 200, Bethesda, MD 20817-5842  
www.gi.org • p: 301-263-9000 • f: 301-263-9025 • Attn: Exhibit Manager

### Las Vegas, Nevada

#### March 2017

Please reserve a table-top exhibit for the ACG Western Regional Postgraduate Course, to be held at The Cosmopolitan, March 10-12, 2017.

Exhibit fee: \$2,500

### Washington, D.C.

#### April 2017

Please reserve a table-top exhibit for the ACG Eastern Regional Postgraduate Course, to be held at the Marriott Marquis, April 7-9, 2017.

Exhibit fee: \$2,500

### St. Louis, Missouri

#### August 2017

Please reserve a table-top exhibit for the ACG Midwest Regional Postgraduate Course, to be held at the Hilton at the Ballpark, August 25-27, 2017.

Exhibit fee: \$2,000

### Nashville, Tennessee

#### December 2017

Please reserve a table-top exhibit for the ACG Southern Regional Postgraduate Course, to be held at the Omni Hotel, December 1-3, 2017.

Exhibit fee: \$2,500

We do not wish to be in close proximity to the following firms:

We do wish to be in close proximity to the following firms:

A deposit of 50% of the contracted space price must be included with this application form. BOOTH ASSIGNMENTS WILL NOT BE MADE UNTIL THE DEPOSIT HAS BEEN RECEIVED. The balance must be paid no later than **January 13, 2017** for the Western Regional Course; **February 10, 2017** for the Eastern Regional Course; **June 23, 2017** for the Midwest Regional Course; and **September 29, 2017** for the Southern Regional Course. A service fee of 25% of the total booth cost will apply to any cancellation or space reduction prior to the cancellation dates listed above. There will be no refunds whatsoever for space cancelled after the final payment deadline. All cancellation notices must be given in writing. All exhibitors agree to abide by the Official Rules and Regulations. Please make checks payable to: American College of Gastroenterology. If you wish to pay by credit card, please fill in the necessary information below. American Express, VISA, and MasterCard accepted.

COMPANY

CONTACT NAME

ADDRESS

CITY / STATE / ZIP

PHONE

E-MAIL

CREDIT CARD NUMBER

EXP. DATE

3 or 4 DIGIT SECURITY CODE

SIGNATURE

CARDHOLDER'S NAME (PRINT)

**ALL CORRESPONDENCE WILL BE CONDUCTED WITH THE PERSON LISTED ABOVE.**