

# EXHIBIT HALL SPACE APPLICATION

ACFAS 2019 SCIENTIFIC CONFERENCE | FEBRUARY 14 - 17, 2019 | NEW ORLEANS

Please read the entire application and Exhibitor Rules and Regulations carefully. Complete the application and return it with your Certificate of Insurance (covering the dates of the conference), 30-word company description and payment. Exhibitors are not allowed to set up their exhibit unless their company's Certificate of Insurance is on file with the ACFAS office. This application is not accepted until exhibit space is assigned.

## OFFICIAL COMPANY INFORMATION

List your company information as it should appear in the Final Program and on your booth identification sign.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

BOOTH FEES	by 10/1/18	after 10/1/18	Fee if you use a non-ACFAS hotel
10' x 10' Inline	\$2,275	\$2,500	+\$140
10' x 10' Corner	\$2,475	\$2,700	+\$150
10' x 20' Inline	\$4,450	\$4,900	+\$270
10' x 20' (1) Corner	\$4,650	\$5,100	+\$280
10' x 20' (2) Corners	\$4,850	\$5,300	+\$290
10' x 30' Inline	\$6,700	\$7,375	+\$300
Island Booth (Island Booths are minimum 20' x 20')	\$23.45/Sq. Ft.	\$25.25/Sq. Ft.	+\$570

**PREMIUM SPACE** (see blue booth space on page 5): **add an additional 6% to the fees listed above.** Island Booth payments **not** received by **10/31/2018** will be invoiced at the \$25.25 rate.

## BOOTH LOCATION PREFERENCES

Consult the Exhibit Hall Floor Plan and indicate **6 choices in different areas of the hall.** Every effort will be made to accommodate your request, but cannot be guaranteed. **Space will not be assigned to companies that have not paid in full.**

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

4th Choice: \_\_\_\_\_ 5th Choice: \_\_\_\_\_ 6th Choice: \_\_\_\_\_

Principal Product/Service to Be Exhibited (Required) \_\_\_\_\_

Exhibitors You Prefer Not to Be Near (Required) \_\_\_\_\_

## EXHIBITOR APPOINTED CONTRACTOR (EAC)

Exhibitors planning to use an independent contractor must complete the Request for Exhibitor Appointed Contractor form found in your online service manual (T3expo.com/for-exhibitors). The contractor must submit an EAC Form and Certificate of Insurance **no later than January 11, 2019** (see Exhibitor Rules & Regulations—#11 & #20).

## COMPANY DESCRIPTION

To be included in final program and ASC Mobile App, submit typed copy (30 word limit—subject to final editing by ACFAS staff), plus company name via **e-mail to [hjelm@acfas.org](mailto:hjelm@acfas.org)**. ACFAS does not guarantee narratives will be listed if received after December 7, 2018.

## CONTACT PERSON (to receive all meeting mailings)

Contact Name  Mr.  Ms. \_\_\_\_\_ Designation \_\_\_\_\_

Contact Title \_\_\_\_\_

Mailing Address (if different from the company) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

<b>PAYMENT:</b> Please reserve our booth(s) at the ACFAS Annual Scientific Conference. Complete all that apply.	
Booth Fee	\$ _____
Premium Space—add 6% (if applicable)	\$ _____
Non-ACFAS Hotel Fee (if applicable)	\$ _____
Sub-Total	\$ _____
Credit Card Payment—add 3% of Sub-Total	\$ _____
<b>Total Payment</b>	\$ _____

## PAYMENT BY CREDIT CARD

AMEX  MasterCard  Visa

Credit card payment is subject to a 3% merchant processing charge.

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Number (VISA/MC—last 3 digits on back; AMEX—4 digits on front) \_\_\_\_\_

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

Signature \_\_\_\_\_

**Return completed application with your Certificate of Insurance and credit card information via fax or by mail to:**  
American College of Foot and Ankle Surgeons  
8725 West Higgins Road, Suite 555, Chicago, IL 60631-2724  
Phone: 773.693.9300 or 800.421.2237 Fax: 800.382.8270

## PAYMENT BY CHECK

Check No.: \_\_\_\_\_

**Return completed application with your Certificate of Insurance and check made payable to** American College of Foot and Ankle.  
**Mail to:** American College of Foot and Ankle  
Department 4528, Carol Stream, IL 60122-4528

## AUTHORIZATION—Void without signature

I am an authorized representative of the company with full power to sign and deliver this application. The company listed agrees to comply with all instructions, rules and regulations and agrees to promptly submit all information required by the ACFAS.

Authorized Officer Name \_\_\_\_\_

Authorized Officer Signature (Required) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE

Batch#	Approval#	Check#	Amount	Booth#