

EXHIBIT HALL SPACE APPLICATION

ACFAS 2020 SCIENTIFIC CONFERENCE | FEBRUARY 19 – 22, 2020 | SAN ANTONIO

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 9/30/19	after 9/30/19	Fee if you use a non-ACFAS hotel
10' x 10' Inline	\$2,325	\$2,550	+\$140
10' x 10' Corner	\$2,500	\$2,750	+\$150
10' x 20' Inline	\$4,650	\$5,100	+\$270
10' x 20' (1) Corner	\$5,000	\$5,500	+\$280
10' x 20' (2) Corners	\$5,200	\$5,700	+\$290
10' x 30' Inline	\$6,950	\$7,650	+\$300
Islands Booths (Island Booths are minimum 20' x 20')	\$23.70/Sq. Ft.	\$26.00/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 **10/31/2019** will be invoiced at the \$26.00 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). The contractor must submit an EAC Form and Certificate of Insurance **no later than January 17, 2020** (see Exhibitor Rules & Regulations—#14 & #25).

COMPANY DESCRIPTION

Submit MSWord.doc - 30-word limit—subject to final editing by ACFAS staff, plus company name via **e-mail to hjelm@acfas.org**. ACFAS does not guarantee narratives will be listed if received after November 29, 2019.

CONTACT PERSON (to receive all meeting correspondence)

Contact Name Mr. Ms. _____ Designation _____

Contact Title _____

Mailing Address (if different from the company) _____

Telephone _____ Fax _____

E-mail _____ Website _____

PAYMENT: 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	\$ _____
Total Payment	\$ _____

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#
--------	-----------	--------	--------	--------