

SAGES 2016 Exhibitor Application – Surgical Spring Week

Exhibit Dates: Wednesday, March 16, 2016 - Friday, March 18, 2016
Meeting Dates: Wednesday, March 16, 2016 - Saturday, March 19, 2016
Location: Hynes Veterans Memorial Convention Center, Boston, MA

We, the undersigned, apply for technical exhibit space at the above referenced meeting to be held in the Hynes Veterans Memorial Convention Center, Boston, MA.

Please complete and RETURN TO: Show Management, Attn: Shelley Ginsberg, 11300 W. Olympic Blvd., Ste. 600, Los Angeles, CA 90064. Fax: 310-437-0585 Email: shelley@sages.org



▲ Company Name (as you want it to appear in the program) _____ ▲ Date _____

▲ Additional Company Names used presently or in recent past (For Office Reference Only) _____

▲ Street Address _____

▲ City _____ ▲ State _____ ▲ Country _____ ▲ Zip _____

▲ Telephone _____ ▲ Fax _____ ▲ Website _____

▲ Product or Service _____

CONTACT INFORMATION:

▲ Pre-Meeting _____ ▲ Title _____

▲ Telephone _____ ▲ E-mail Address _____

▲ On-site Exhibit Manager _____ ▲ Title _____

▲ E-mail Address _____ ▲ Cell Phone _____

EXHIBIT RESERVATION: See Prospectus for FIRST COME FIRST SERVED GUIDELINES and PRICES

You are hereby authorized to reserve up to _____ square feet of exhibit space.

Do not limit selection to corner booths or one location. Please list at least 5 choices by booth numbers:

1st choice _____ 4th choice _____ 7th choice _____

2nd choice _____ 5th choice _____ 8th choice _____

3rd choice _____ 6th choice _____ 9th choice _____

We prefer not to be in proximity to the following exhibitors: (Please list no more than 2)

Signature: X _____

Your signature on this application indicates that you understand and agree to comply with all the policies, rules, regulations, terms, and conditions contained in the Exhibitors Prospectus, and will abide by the payment schedule as outlined above, and have read the rules and agree to distribute them to those involved with your booth.

PAYMENT SCHEDULE:

(please see page 10 for booth prices)

- One-half total booth cost due with application
- **Balance due January 15, 2016**
- Total booth price due with applications submitted after January 15, 2016
- **SAGES Tax ID #52-1219359**

Total Estimated Cost of Exhibit \$ _____

Deposit (one-half total booth cost) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Check Enclosed

(Please make check payable to SAGES)
11300 W. Olympic Blvd, Suite 600,
Los Angeles, CA 90064

Credit Card Payment – Please circle one:

VISA MASTERCARD AMERICAN EXPRESS

▲ Cardholder Name _____

▲ Credit Card Number _____

▲ Exp. Date _____

▲ Cardholder Signature _____

▲ Amount Payment Authorized _____