

# CONTRACT

## Exhibit Space • Advertising • Sponsorship

### 70<sup>th</sup> Annual AMSA Convention & Exposition

Hyatt Regency Crystal City, Arlington, Virginia • April 16-19, 2020 (Exhibits: April 17-18)



**SECTION 1: Instructions** – Use this form to reserve exhibit space, advertising, and sponsorship at the 70<sup>th</sup> Annual AMSA Convention & Exposition. Refer to [amsaconvention.org](http://amsaconvention.org) for the space options and opportunities, rates, and special discount offers. The total amount or a deposit of \$500 MUST ACCOMPANY this Contract. Unpaid amount will be invoiced. Contracts sent after December 31, 2019 must include full payment. No exhibiting organization will be allowed to set up until all fees are paid in full. Do not send cash. Indicate credit card information below or send a check made payable to AMSA. Remit U.S. currency only. Instructions on exhibit personnel registration will be sent upon confirmation of exhibit space. To fill in form manually, print form and legibly fill in boxes with pen. To type directly onto form, download form to computer, open PDF from computer, type information into the applicable boxes, and electronically sign. Save completed copy to computer.

#### SECTION 2: Identification

Organization Name \_\_\_\_\_ Website \_\_\_\_\_

Contact Information (to whom and where AMSA should send correspondence)

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

#### SECTION 3: Exhibit Space, Advertising, and Sponsorship Reservation

Refer to [amsaconvention.org](http://amsaconvention.org) for more information. Exhibit space, advertising, and sponsorships are secured on a first-come, first-served basis. Requests will be considered based on availability at time of assignment.

EXHIBIT HALL (Check one option, indicate space preference and enter price from <a href="#">pricing table.</a> )		Price
<input type="checkbox"/>	<b>OPTION 1: Exhibit Space in the Independence Center</b> (Friday, April 17 and Saturday, April 18) Refer to Independence Center Area of <a href="#">Exhibit Hall Floor Plan</a> and indicate 3 choices: Please locate us: NEAR _____ NOT NEAR _____	\$
<input type="checkbox"/>	<b>OPTION 2: Exhibit Space in the Independence Foyer</b> (Residency Programs & Specialty Organizations only) Refer to Independence Foyer Area of <a href="#">Exhibit Hall Floor Plan</a> and indicate 3 choices: Check one: <input type="checkbox"/> Friday, April 17 <input type="checkbox"/> Saturday, April 18 <input type="checkbox"/> Both days	\$
<i>Exhibit Hall Exhibitors: Visit <a href="https://bit.ly/2XSnFZ5">https://bit.ly/2XSnFZ5</a> to submit your Exhibits Guide listing in the Convention print program book and mobile app. Submissions received on or before March 9, 2020 will be considered for placement in the Convention printed program book and mobile app. Submissions received after March 9, 2020 will be included in the mobile app only.</i>		
PRE-HEALTH FAIR, ADVERTISING & SPONSORSHIP (Check all that apply and enter description and price from <a href="#">pricing table.</a> )		Price
<input type="checkbox"/>	<b>22<sup>nd</sup> Annual AMSA Pre-Health Fair Table Space</b> (Saturday, April 18)	\$
<input type="checkbox"/>	<b>Printed Program Ad Space</b> Indicate type/size:	\$
<input type="checkbox"/>	<b>Mobile App Digital Banner Ad Space</b>	\$
<input type="checkbox"/>	<b>Attendee Bag Insert</b>	\$
<input type="checkbox"/>	<b>Sponsorship Item 1<sup>st</sup></b> Indicate type:	\$
<input type="checkbox"/>	<b>Sponsorship Item 2<sup>nd</sup></b> Indicate type:	\$
Complete another contract form for additional sponsorship items.		
<b>Total Amount Due</b>		\$

**SECTION 4: Contact Information and Authorization** – By signing this Contract, you represent the contracting organization and have read the Exhibitor Information on [amsaconvention.org](http://amsaconvention.org) hereby agree to the *Contract Terms and Conditions*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**SECTION 5: Method of Payment** (Choose one option: Check or Credit Card. Cash is not accepted. All payments must be in U.S. currency only.)

Check enclosed: Made payable to AMSA. If deposit paid, send invoice to: (Check one)

Address Above

Alternative Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card (Check one.)  American Express  Discover  MasterCard  Visa Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder: Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

#### SECTION 6: Where to send completed contract and payment

Email: [hflynn@amsa.org](mailto:hflynn@amsa.org), Fax: (703) 620-6445, or Mail: AMSA, Attention: Events, 1390 Chain Bridge Road, # A130, McLean, VA 22101

FOR AMSA USE ONLY			
Contract Recvd _____	Exhibit Space Assigned _____	Ad Space Secured _____	Confirmation Sent _____
Deposit: Recvd _____	Amount \$ _____	Type _____	To A/R _____ Invoice: Number _____ Sent _____
Full Payment: Recvd _____	Amount \$ _____	Type _____	To A/R _____

