Exhibit Space Application and Contract

ASA/NSAA Joint Conference • April 25-26, 2025
Embassy Suites Grapevine DFW Airport North
2401 Bass Pro Drive
Grapevine, TX   76051

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____ E-mail: _____ Website: _____

Description of Product/Service: _____

Exhibit Dates and Times:

Setup:
Friday, April 25: 1 to 5 pm
Saturday, April 26: 7 am to 5 pm

Show Hours:
Friday, April 25: 5 to 7:30 pm
Saturday, April 26: 7:30 am to 5 pm

Move out:
Saturday, April 26: 5 pm

Booth Space:

6' Table
2 Chairs

Special instructions/requests:

Please refer to the 2025 ASA/NSAA Conference Exhibitor Information Prospectus for all instructions

Additional Exhibitor Opportunities:

☐   Workshop on Friday, April 25 (Exhibit booth required)
☐   Drawings/Giveaways
☐   Tote bag inserts
☐   Meal Sponsorships

Application Fees and Deadlines: The charge for the booth space is $1000 per (l) 6' Table, due upon receipt of application. If you cancel your space before April 18, 2025, your application fee will be refunded, less a $10 administrative fee. ASA/NSAA must receive your written notice of cancellation before April 18, 2025. Email this application to exhibitors@asa-nsaa.org.

All provisions in the Exhibitor Information Packet and any written agenda to the rules and regulations apply to this contract.

Each exhibiting company is responsible for ensuring that all its representatives are aware of the provisions.

The Exhibitor and its employees agree to abide by the Exhibit Rules and Regulations in the Exhibitor Information Packet for the 2025 ASA/NSAA Joint Conference, all of the terms of which are made a part hereof by this reference and fully incorporated herein, receipt of which is hereby acknowledged, and to all the conditions under which exhibit space at the Embassy Suites Grapevine DFW Airport North is leased to the Association of Surgical Assistants and the National Surgical Assistant Association.

I have read and agree to all Exhibit Space Contract Rules & Regulations.

For Office Use Only

Date Received

_____

Check #/CC Approval

_____

Credit Card Charge Preferred: ☐ Visa ☐ MC ☐ Amex

Number _____ Exp. Date _____

Name as it appears on card: _____

3 Digit CVV _____   4 Digit CVV _____ (AmEx Only)

Amount to be billed: $_____

Authorized Signature _____

Typed or Printed Name _____