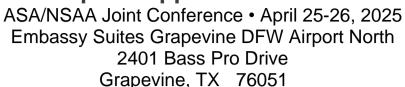


Exhibit Space Application and Contract





Company Name:		
Contact Name:		
Address:		
Phone:	E-mail:	Website:
Description of Pro	oduct/Service:	
Exhibit Dates and Times:		Additional Exhibitor Opportunities:
Setup:		□ Workshop on Friday, April 25 (Exhibit booth required)
Friday, April 25: 1 to 5 pm Saturday, April 26: 7 am to 5 pm		□ Drawings/Giveaways□ Tote bag inserts
Show Hours:		☐ Meal Sponsorships
Friday, April 25: 5 to 7:30 pm Saturday, April 26: 7:30 am to 5 pm		Application Fees and Deadlines: The charge for the booth space is \$1000 per (I) 6' Table, due upon receipt of application. If you cancel your space before April 18, 2025, your application fee will
Move out: Saturday, April 26: 5 pm		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 .
Booth Space: 6' Table 2 Chairs		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.
Special instructions/requests:		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
Please refer to the 2025 ASA/NSAA Conference Exhibitor Information Prospectus for all instructions		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.
		Credit Card Charge Preferred: Visa MC Amex
For Office Use Only		Number Exp. Date
Date Received		Name as it appears on card:
		3 Digit CVV (AmEx Only)
Check #/CC Approval		Amount to be billed: \$
		Authorized Signature
		Authorized Signature Typed or Printed Name