

# 2017 Surgical Spring Week - SAGES Exhibitor Application

**Exhibit Dates: Wednesday, March 22, 2017 - Friday, March 24, 2017**  
**Meeting Dates: Wednesday, March 22, 2017 - Saturday, March 25, 2017**

**Location: George R. Brown Convention Center, Houston, TX**

We, the undersigned, apply for technical exhibit space at the above referenced meeting to be held in the George R. Brown Convention Center, Houston, TX.

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



▲ 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:

1<sup>st</sup> choice \_\_\_\_\_ 4<sup>th</sup> choice \_\_\_\_\_ 7<sup>th</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_ 5<sup>th</sup> choice \_\_\_\_\_ 8<sup>th</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice \_\_\_\_\_ 6<sup>th</sup> choice \_\_\_\_\_ 9<sup>th</sup> 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 13, 2017**
- Total booth price due with applications submitted after January 13, 2017
- **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 \_\_\_\_\_