ASCCP2019 ANNUAL SCIENTIFIC MEETING **Exhibit Application**

April 4–7, 2019 | Atlanta, GA

Contact All materials will be sent to the person listed below.

Name:					
Email:					
Company Informat	tion Name will appear in final	program as written below.			
Company Name:					
Email:		Phone:			

Company Description | *Submit no more than 50 words to exhibits@asccp.org*

Exhibit fee must be received by Feb. 1, 2019 to be recognized in the final program and on-site signage. Registration forms to register company representatives and an exhibitor kit will be sent after ASCCP receives payment.

Early Bird Rate Until November 1

Regular Rates

\Box 10 ft. \times 10 ft. booth \$3,100	□10 ft.×20 ft. booth \$6,000	□20 ft. × 20 ft. booth \$11,800					
Exhibitors will be contacted on a first-come, first-served basis for space preferences.							

Payment Information

Check Make check payable to ASCCP.							
Credit Card Please check one:	🗆 Visa	□ MC	□ AMEX	Discover			
Credit Card #:							
Expiration Date:			CCV #:				
Name on Card:							

We/I agree to abide by all the requirements, restrictions, and obligations for the ASCCP2019 Annual Scientific Meeting. We/I assume the entire responsibility and liability for losses, damages, and claims arising from injury or damage to our/my displays, equipment, and other property brought upon the premises of the Lowes Hotel Atlanta and shall indemnify and hold harmless the agents and employees of the Lowes Hotel Atlanta, and the ASCCP from any such losses, damages and claims. By signing this, we/I state that we/I am hereby authorized to reserve space for our/my use in the exhibit area of the ASCCP2019 Annual Scientific Meeting on April 4–7, 2019 at the Lowes Hotel Atlanta.

Cancellations

Cancellation of exhibit space must be made in writing and will be effective the date such notice is received in the ASCCP office.

Signature: ____