
Application/Contract for Exhibit Space

**2008 Annual Meeting • Boston, MA
June 7-10, 2008**

The American Society of Colon & Rectal Surgeons

85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460

ASCRS space will be assigned on or about January 18, 2008 on a priority basis determined by previous years of exhibiting, convention support provided to the "Society" (preceding five years) and total advertising in ASCRS's journal, *Diseases of the Colon & Rectum* upon receipt by ASCRS of a completed and signed application and a 50% deposit. Balance due on or before February 22, 2008. 100% of the total cost of exhibit space is required with completed application and signed agreement submitted after February 22, 2008. The application and signed agreement, when accompanied by the required deposit, and when countersigned by ASCRS, shall become a binding contract in accordance with the terms of the agreement and all Rules & Regulations. Upon assignment of exhibit space, a copy will be returned with space assignment and balance due. Final payment is due by February 22, 2008. On April 26, 2008 and thereafter, an Exhibitor cancelling assigned exhibit space(s) shall be responsible for payment of the full booth rental fee for such assigned space(s).

PLEASE PRINT OR TYPE

Exhibitor Information for Listing in Convention Program:

Company Name: _____ Website: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Title: _____

Contact to Whom Exhibit-Related Correspondence Should be Sent:

Contact Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

The undersigned applicant hereby applies for exhibit space at the 2008 ASCRS Annual Meeting and requests the following exhibit space(s) in order of preference. (Refer to the Official Floor Plan for exhibit space and booth numbers - inside back cover)

Space requested (indicate booth choices in order of preferences as selected from the floor plan.)

1st choice # _____ at \$ _____ 3rd choice # _____ at \$ _____

2nd choice # _____ at \$ _____ 4th choice # _____ at \$ _____

*We wish to avoid having our exhibit located adjacent to or opposite from the following company(s):

*Booth assignments are made on a first-come, first-served basis. Therefore, ASCRS cannot guarantee that you will not be placed next to the firms listed above.

Please list category of products or services that best describe what you will be displaying (i.e., Computer Hardware, Educational Material, Health Care Products, Office Management Systems, Pharmaceuticals, Surgical Equipment, etc.)

Application/Contract for Exhibit Space

Booth Size	Total Cost	Total Deposit
10' x 10' (inside)	\$2,500	\$1,250
10' x 10' (corner)	\$2,800	\$1,400
Island Booths	\$30/sq ft	
Island Booths larger than 20' (30'x 30', 30'x40', etc)	\$32/sq ft	

Method and Payment Schedule

50% deposit of total booth price and contract due for assignment of space. (check or credit card).

50% balance due by **February 22, 2008**. 100% of total booth price with contract submitted after **February 22, 2008**

Credit Card # _____ (Visa, Master Card, American Express) Security Code _____

Expiration Date: _____ Name on Card: _____

Signature: _____ Amount: _____

A description of products or services must be completed for publication in the program. (Must be received by Feb. 22)

Note: Companies that have not exhibited at an ASCRS Annual Meeting must also submit product brochures and a photograph or sketch of the exhibit.

This agreement shall not be binding unless it is signed by an authorized representative of the applicant's firm and is accepted by ASCRS with the signature of ASCRS's Exhibit Manager.

Company Name: _____

Applicant's Signature: _____

Type or Print Name: _____

Title: _____ Date: _____

I hereby certify that I have read and will abide by the precepts of the ASCRS Exhibitors' Prospectus Guidelines, Rules & Regulations.

Date: _____ Signature of Applicant: _____

To guarantee Exhibit space at the ASCRS Annual Meeting, the required deposit must be forwarded to ASCRS with the signed application and agreement. Make check payable to ASCRS and mail to:

Dianne K. Kubis, Exhibit Manager
American Society of Colon & Rectal Surgeons
85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460
Phone: (847) 290-9184 FAX: (847) 290-9203

To be Completed by ASCRS Convention Management:

Space No.(s) Assigned: _____ Total charged for assigned space: \$ _____

Date Received: _____ Check No.: _____ Dated: _____ Amount Received: \$ _____

Balance Remaining: \$ _____ **Balance Due on or Before February 22, 2008**

Date Received: _____ Check No.: _____ Dated: _____ Amount Received: \$ _____

ACCEPTED FOR ASCRS: Signature: _____ Date: _____

Application Checklist:

- Have you... Signed the Application? Completed the Product/Service Description
 Included the 50% deposit for each 10' x 10' space
(made payable to American Society of Colon & Rectal Surgeons) or (ASCRS)

Please Complete Reverse Side

Request for Function Space

2008 ASCRS Annual Meeting • June 7-11, 2008 • Boston, MA

Exhibition Dates: June 8-10, 2008

DEADLINE FOR RECEIPT: March 28, 2008

(Company Sales Meetings or ASCRS-Approved Activities ONLY, Not Industry-Sponsored Hospitality Suites or Functions)

Please complete ONE request for each function room requested.

Function Name: _____

Contact: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ or: (800) _____ FAX: () _____

Email: _____

Function Type

Sales Meeting Business Meeting Other Activity (to be approved by ASCRS)

Attendance

Company Personnel Physician/Company Other Number Attending _____

Function Day/Date: _____ Time: _____ am/pm until _____ am/pm _____

Function Day/Date: _____ Time: _____ am/pm until _____ am/pm _____

Room Needed Early for Special Set-up No Yes Time: _____

Setup Desired

Conference Hollow Square U-Shaped
 Theater Schoolroom Rounds
 Diagram Attached Cocktail Tables Other

Additional Specifications (Check all that apply)

Using Audio visuals Elevated Stage for Lectern/Head Table of _____
 Standing Lectern Only Other _____

Authorized Signature: _____ Date: _____

ASCRS Use Only

Date: _____ Time: _____ Room: _____ Facility: _____

Return form to:

American Society of Colon & Rectal Surgeons
85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460
ATTN: Gina Seegers, Director of Meetings & Conventions
Phone: (847) 290-9184 • Fax: (847) 290-9203
Email: ginaseegers@fascrs.org

Event Sponsorship Application

Unrestricted Grant

Internet Café

Photography Services

Photos taken throughout convention for: (a) Publication in ASCRS Newsletter; (b) President & Program Chair's Scrapbook; and (c) Mailing to physician registrants following convention.

Speakers' Ready Room

FAX, Photocopier, slide maker, AV equipment, technician, refreshments

Pocket Planner

Spouse Events

Hospitality

General Areas of Sponsorship

12 month Complimentary Subscription to
Diseases of the Colon & Rectum to 3rd Year
General Surgery Residents

ASCRS Newsletter

Abstract Section of *Diseases of the Colon
& Rectum*

International Scholarships

Specialty Informational Brochure

Website

Webcast ASCRS Annual Meeting

Member E-Newsletter

Specialty Informational Brochure

Electronic Business Card

Foundation Honor Roll Board

**Record Convention Plenary Sessions
on CD-ROM**

Event Sponsorship Form

Please complete the following information:

Name: _____

Title: _____

Company Name: _____

Address: _____

City,State,Zip: _____

Phone: _____

Fax: _____

Return to: Linda Stansberry, Director of Development
ASCRS
85 W. Algonquin Road, Suite 550
Arlington Heights, IL 60005-4460
Phone: (847) 290-9184
Fax: (847) 290-9203

Event Sponsorship Application

Select a complete or partial sponsorship option from the list below (additional sponsorship opportunities are available that have not been listed). The costs listed are estimated. Or call us to talk about your own creative ideas! There is an opportunity for every company's budget. Sponsorship costs vary depending on the event or service. Sponsorship commitments are subject to final approval by ASCRS. **NOTE: 2007 sponsors have the right of first refusal to repeat their sponsorship in 2008.** Review the following list and if you find a sponsorship opportunity that interests you, just fill out the form on the reverse side and mail or FAX it to Linda Stansberry, Director of Development.

SPONSORSHIP OPPORTUNITIES

Lectureships

Ernestine Hambrick Lectureship

Publications/Video Tape

Convention Program Guide

Abstracts on Disk

Advance Registration

Scientific Programs

Monday "Meet the Professor" Breakfasts

Tuesday "Meet the Professor" Breakfasts

Research Forum

International Scholarships

Industry Symposia

General Surgery Forum

Abstract Presentations (1½ hours each)

Sessions on Laparoscopy, Anal Rectal,
Endoscopy, Benign Colorectal, IBD)

Laparoscopy Course

Workshops

Hand-Assisted Laparoscopic Intestinal
Surgery co-sponsored

Research Forum

Update on Core Subjects

Endorectal Ultrasound Course

Allied Health

Breakfast Meetings

Residents' Breakfast

Young Researcher's Breakfast

Social Events

Welcome Reception

Annual Dinner Dance Reception

Annual Dinner Dance

Annual Banquet Reception in President's Suite

Executive Council Annual

Reception/Dinner

Past President's & Spouses

Reception/Luncheon

Residents' Reception

Colorectal Jeopardy

Refreshment Breaks

Sunday pm

Monday am

Monday pm

Tuesday am

Tuesday pm

Luncheon Snacks in Exhibit Area

Sunday Snack Luncheon

Monday Snack Luncheon

Tuesday Snack Luncheon

Registration Materials

Writing Pads for Registration Packets

Pens for Registration Packets

Question/Answer Pads

Lanyards

Poster Discussion Session

Poster Walk-Around

Hotel Key

Hospitality Suites Form

ASCRS Annual Scientific Meeting • June 7-11, 2008 • Boston, MA

Exhibitors are required to inform ASCRS of a hospitality function. Submit this form to ASCRS NO LATER THAN **March 28, 2008**. You will then be contacted by the Hotel for your requirements.

Exhibiting Company: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

HOSPITALITY SUITE:

Description: _____

Location: (i.e. name of hotel, restaurant, etc.) _____

Date(s): _____

Proposed Entertainment: _____

If event is planned outside of hotel, will the exhibiting company be providing transportation for attendees?
Please indicate type of transportation to be utilized:

I/we have read the Guidelines for Hospitality Suite Functions outlined in the 2008 Invitation to Exhibit (page 2), and agree to abide by all ASCRS and hold harmless the American Society of Colon & Rectal Surgeons from and against any and all liability and claims and demands which may arise from or be asserted in connection with the foregoing undertakings and responsibilities.

Signature of Exhibitor: _____ Date: _____

Return form to: American Society of Colon & Rectal Surgeons
85 W. Algonquin Road, Suite 550
Arlington Heights, IL 60005-4460
ATTN: Gina Seegers, Director of Meetings & Conventions
Phone: (847) 290-9184 • Fax: (847) 290-9203
email: ginaseegers@fascrs.org