

# Agreement: Exhibit, Sponsor, Advertise

2023 ASOR Annual Meeting

Chicago & Hybrid | November 15-18



## Exhibitor Information

Contact name and title:

Company name:

Address:

City, State, ZIP, Country:

Phone:  Email:

### Agreement Terms:

All terms and conditions of **ASOR's Annual Meeting** are agreed upon and enforced by my company signature. We agree to pay for assigned Exhibit Space in accordance with the "Exhibitor Rules and Regulations" contained in the 2023 Prospectus. We agree to abide by all provisions set forth in these terms as a part of this agreement between ASOR and the exhibitor.

### Payment Information:

Payment must be received in full by September 15, 2023. Please e-mail signed agreements without credit card information to [info@asor.org](mailto:info@asor.org) and call 703-789-9229 to pay by phone. Completed applications with check payment can be mailed to:

ASOR  
Attn: Arlene Press  
The James F. Strange Center  
209 Commerce Street  
Alexandria, VA 22314

### Exhibit Booth and Sponsorship Packages:

	Quantity
Standard Exhibit (\$425)	<input type="text"/>
Self-Service/Display Exhibit (\$375)	<input type="text"/>
Virtual Exhibit Listing Only (\$350)	<input type="text"/>
Additional Registration (\$220 each)	<input type="text"/>
Platinum Sponsor Package (\$3,000)	<input type="text"/>
Gold Sponsor Package (\$2,000)	<input type="text"/>
Silver Sponsor Package (\$1,000)	<input type="text"/>
Custom Sponsorship	<input type="text"/>
Description: <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>Exhibit/Sponsor TOTAL:</b>	<input type="text"/>

### Advertising Options (à la carte or in addition):

#### Digital Welcome Packet:

Full Page PDF Insert (\$600)

Half Page PDF Insert (\$300)

One-time use of attendee mailing list -physical addresses only (\$350)

ANE Today Custom Ad (\$700 single ad, \$1,000 = 2 issues)

Other:

#### Quantity

**Advertising TOTAL:**

### Payment Method:

Visa    Master Card    Discover    American Express    Check

**\*Complete the billing information listed below and call ASOR to pay by credit card.**

Cardholder's name

Address

City

State

ZIP

**I have read and will adhere to ASOR's "Exhibitor Rules and Regulations."**

Authorizing Signature

Date