



ASMBS Weekend

June 20 - 22, 2019

Program Hours 8:45am – 5:00pm

Saturday: 8:45am - 3:15pm

Exhibit Hall Dates & Hours

June 21-22, 2019

Friday & Saturday

- **Coffee** 8:15am – 8:45am
- **Break** 10:15am – 10:45am
- **Lunch** 12:15pm – 1:15pm
- **Break** 3:15pm – 3:45pm (excludes Saturday)

Meeting Location

Chicago Marriott Downtown
Magnificent Mile

540 North Michigan Ave.
Chicago, IL 60611

Please see additional parking
information

Exhibitor Check-In & Set-Up

Registration & Set-Up:

Thursday, June 20th
4:00pm – 6:00pm

Exhibit Break-Down

Saturday, June 22nd, 1:30pm

All first time exhibitors
are subject to exhibit
review for approval.

ASMBS Weekend Overview

The annual ASMBS Weekend is a more intimate environment allowing attendees to have more one-on-one interactions to learn and network. The clinical symposium holds up to 500 attendees, including metabolic and bariatric surgeons as well as Integrated Health professionals representing nurses, clinicians, and administrators who work in the field of obesity surgical treatment.

Cost / Space / Displays

- Table Top Exhibit cost - \$3,000 (1 table)
- Assigned placement provided 3 weeks prior to meeting
- Provided - one 6ft skirted table with two chairs (additional items: electricity, etc. contact hotel direct)
- Table top placement around ballroom perimeter with attendee lunch/breaks center of room
- Limited table top spacing (wait list available)
- Displays limited to table top size and/or 8ft in size not to impede other exhibitors

Shipping Information

Must be addressed in the following manner:

Chicago Marriott Downtown Magnificent Mile

Attn: ASMBS WE 2019/Exhibitor Name & Company / June 21-22, 2019

540 North Michigan Ave.

Chicago, IL 60611

Box _____ of _____

Note: Shipments must not arrive any earlier than five (5) days prior to the exhibitors arrival or storage fees will incur. Handling charges for each incoming and outgoing package/box/envelope will apply. Please see additional information for shipping instructions.

Cancellations

Cancellations received prior to **May 20, 2019** will receive a full refund for reserved space. Any cancellations after this date will not receive a refund.

Contact and Mailing Information

Please enter information exactly as it should appear in ASMBS records and publications.

Company

Contact Person

Title

Street Address

City

State/Province

ZIP/Postal Code

Country

Phone Number

Fax Number

Primary Email (required for claiming credits and accessing online presentations)

Address if different from company address

Name Badge #1

Name Badge #2

Please check here if electricity, etc. needed for exhibit setup

Payment of Fees

Please make checks or money orders payable to:

American Society for Metabolic and Bariatric Surgery
100 SW 75th Street | Suite 201 | Gainesville, FL 32607

\$3,000 Exhibitor Fee (1 table | 2 representatives per table)

Number of tables _____ x \$3,000

▼ Credit Card Details

Cardholder's Name

Card Number

Expiration

CVV

Billing Address

Billing Address (continued)

Amount to be charged

\$

Payment Method

- Check Money Order
- American Express
 Discover
 MasterCard
 Visa

With my signature below, I hereby authorize ASMBS to charge the credit card provided for the total amount indicated above.

Signature

Date

Note: This application will not become a binding contract until it is approved by ASMBS. Please type or print clearly. Fax application attention Karen Loerzel, Meetings Manager (352) 331-4975 or email karen@asmbs.org