

Exhibitor Application Form

ASMBS Weekend

October 5 - 7, 2023

Friday Program Hours 8:00am – 5:15pm CDT

Saturday Program Hours

8:00am - 3:00pm CDT

Exhibit Hall Dates & Hours October 6 - 7, 2023

Friday Hours: 12:15pm-5:15pm

Lunch: 12:15pm-1:15pm **Break:** 3:15pm - 3:45pm

Saturday Hours: 8:00am - 1:00pm

Break: 9:30am - 10:00am **Lunch:** 12:00pm - 1:00pm

Meeting Location

Sheraton New Orleans Hotel 500 Canal Street New Orleans, LA 70130

Exhibitor Set-Up

Badges will be on assigned tabletops

Thursday, October 5th

5:00pm - 7:00pm

Friday, October 6th

7:00am - 8:00am

Exhibit Break-Down

Saturday, October 7th, 1:00pm *All times subject to change

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

ASMBS Weekend Overview

The ASMBS Weekend Meeting is a more intimate environment allowing attendees to have more one-on-one interactions to learn and network.

The clinical symposium holds over 300 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/ 2 reps per table)
- Assigned placement provided 3 weeks prior to meeting
- Provided one 6ft table with floor length linen and two chairs. Hotel exhibitor services form will be emailed to all exhibitors to request /purchase additional items needed.
- Table top placement around ballroom perimeter with attendee lunch/ breaks center of room
- Limited space available
- Displays limited to table top size and/or 6ft in size, not to impede other exhibitors

Shipping Information

Must be addressed in the following manner:

(Guestname)(GuestCellNumber)

c/oFedExOfficeatSheratonNewOrleans

500 Canal Street

New Orleans, LA70130

(Company)/ASMBS2023WeekendMeeting

(Box___of___)

Note: Shipments must not arrive any earlier than three (3) 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 **September 1, 2023** will receive a full refund for the reserved space. Any cancellations after this date will not receive a refund.



Exhibitor Application Form

Contact and Mailing In Please enter information exactly as it		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 preser	ntations)		
Address if different from company ac	ldress			
Name Badge #1 Name Badge #2				
Please check here if electricity, etc. n Payment of Fees	eeded for exhibit setup			
Please make checks or money orders	payable to:	\$3,000 Exhibitor	Fee (1 table 2 representat	ives per table)
American Society for Metabolic and 14407 SW 2nd Place Suite F-3 Newb	d Bariatric Surgery			
		Number of tables x \$3,000		
Credit Card Details			Amount to be charged	
			\$	
Cardholder's Name				
			Payment Method	
Card Number	Expiration	CVV	<i>Preferred Methods</i> ACH Transfer	American Expres
Billing Address			Wire	Discover
			Check	MasterCard
Billing Address (continued)			Money Order	Visa
With my signature below, I hereby au	thorize ASMBS to charge the credit	card provided for the total a	mount indicated above.	
Signature			Date	

Note: This application will not become a binding contract until it is approved by ASMBS. Please type or print clearly. Morgan Matlock, Sponsorships & Exhibits Manager (352) 331-4900, ext. 121 or email: morgan@asmbs.org