



Exhibitor Application Form

ASMBS Weekend

November 10 - 12, 2022

Friday Program Hours

8:00am – 5:15pm CST

Saturday Program Hours

8:00am – 3:00pm CST

Exhibit Hall Dates & Hours

November 11 - 12, 2022

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

*All times subject to change

Meeting Location

THE GRAND HYATT - SAN ANTONIO

600 EAST MARKET ST
SAN ANTONIO, TX, 78205

Exhibitor Check-In & Set-Up

Registration & Set-Up:

Friday, November 11th
8:00am – 10:00am

Exhibit Break-Down

Saturday, November 12th, 1:00pm

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:

Grand Hyatt San Antonio

Hold for: Guest Name, Organization

Event Planning Manager: Karen Loerzel

600 E. Market Street

San Antonio, Texas 78205

(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 **October 7th, 2022** 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 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
14407 SW 2nd Place | Suite F-3 | Newberry, FL 32669

\$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.
Morgan Matlock, Sponsorships & Exhibits Manager (352) 331-4900, ext. 121 or email: morgan@asmbs.org