



ASMBS re-UNITED

January 20 - 22, 2022

Program

Hours 8:30am – 5:00pm PST

Exhibit Hall Dates & Hours

January 21-22, 2022

Friday & Saturday

Morning: 7:30am - 8:15am

Break: 9:30am - 10:00am

Lunch: 12:00pm - 1:00pm

Break: 3:00pm - 3:30pm

(times subject to change)

Meeting Location

The Mirage*

3400 South Las Vegas Blvd

Las Vegas, NV 89109

See The Mirage Parking Guide

*Available upon request

Exhibitor Check-In & Set-Up

Registration & Set-Up:

Thursday, January 20th

4:00pm – 6:00pm

Exhibit Break-Down

Saturday, January 22nd, 3:30pm

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

ASMBS re-UNITED Overview

The ASMBS re-UNITED Meeting 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/ 2 reps per table)
- Assigned placement provided 3 weeks prior to meeting
- Provided - one 6ft skirted table with two chairs (additional items: electricity, etc.) 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 table top spacing (wait list 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:

The Mirage Hotel & Casino

c/o FedEx Office at The Mirage Hotel & Casino

Attn: ASMBS re-UNITED/Exhibitor Name & Company

Cell Phone Number:

January 21-22, 2022

3400 South Las Vegas Blvd

Las Vegas, NV 89109

Box _____ of _____

Note: Shipments must not arrive any earlier than four (4) 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 **December 17th, 2021** 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.

Karen Loerzel, Grants & Sponsorships Manager (352) 331-4900, ext. 111 or email: karen@asmbs.org