



AMERICAN COLLEGE OF GASTROENTEROLOGY

ACG REGIONAL POSTGRADUATE COURSES

American College of Gastroenterology • 11333 Woodglenn Drive, Suite 100, North Bethesda, MD 20852-3071
gi.org • P: 301-263-9000 • F: 301-263-9025 • Attn: Katie Thorne, kthorne@gi.org

APPLICATION FOR EXHIBIT SPACE

EXHIBIT DAYS: FRIDAY, SATURDAY, SUNDAY

☐ LAS VEGAS, NV – February 2027

Please reserve a table-top exhibit for the 2027 ACG Functional GI & Motility Disorders School & Western Regional Postgraduate Course, to be held at Mandalay Bay, February 5-7, 2027.

Exhibit Fee: \$3,500

☐ NASHVILLE, TN – December 2027

Please reserve a table-top exhibit for the 2027 ACG Esophagus School & Southern Regional Postgraduate Course, to be held at Renaissance Nashville Hotel, December 10-12, 2027.

Exhibit Fee: \$3,500

☐ LOCATION TBD – April 2027

Please reserve a table-top exhibit for the 2027 ACG Eastern Summer School Series, Hotel/Location TBD, April 2027 TBD.

Exhibit Fee: \$3,500

☐ We would like to exhibit at all three ACG Regional Postgraduate Courses (this does not include the state society courses)

Exhibit Fee: \$3,150 per course

We do not wish to be in close proximity to the following firms

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Full payment is required within 30 days of invoicing. BOOTH ASSIGNMENTS WILL NOT BE MADE UNTIL FULL PAYMENT HAS BEEN RECEIVED. Payments not received within 30 days of invoicing will automatically be cancelled and placed back into inventory. If a company is applying for exhibit space within 30 days of the conference, full payment must accompany the application form. We understand that the cost of exhibit space is \$3,500 per course or register to exhibit for all 3 of ACG's Regional Postgraduate Courses and receive a 10% discount on exhibit space (this does not include the state society courses). A service fee of 25% of the total booth cost will apply to any cancellation more than 30 days prior to the conference. There will be no refunds whatsoever for space cancelled 30 days or less before the conference. All cancellation notices must be given in writing. All exhibitors agree to abide by the Official Rules and Regulations. Please make checks payable to: American College of Gastroenterology. Please indicate your preferred method of payment below.

COMPANY NAME

ON-SITE CONTACT NAME & EMAIL

COMPANY ADDRESS

CITY / STATE / ZIP

PHONE

E-MAIL

☐ We prefer to pay with a company check. Please invoice us.

*If Exhibitor is applying within 30 days of the conference, a check must be provided with this application form.

☐ We prefer to pay by credit card (Amex, MasterCard, and Visa accepted. A 4% credit card fee will apply). Please send us a link to the payment site.

ALL CORRESPONDENCE WILL BE CONDUCTED WITH THE PERSON LISTED ABOVE.

Please email the completed application to Katie Thorne kthorne@gi.org

Hands-on Workshop inquiries please contact Travis Cappel tcappel@gi.org

Industry Support inquiries please contact David Stein dstein@gi.org