Scientific Assembly CHICAGO 26

Send completed contract to:
Stephanie Batson | sbatson@acep.org

EXHIBIT SPACE APPLICATION/CONTRACT

Oct. 5-7, 2026 | Chicago, IL

Information in this section will be printed in the official program. Please type or print.

Organization *(Exactly as name will appear in program, exhibit guide, signs and badges)*

Address

City/State/ZIP

Telephone | Toll-Free

Fax | Website

We, the undersigned, hereby make application for exhibit space at the American College of Emergency Physicians' ACEP26 conference at the McCormick Place Convention Center in Chicago. The undersigned is subject to the conditions of the policies, rules, regulations, and terms governing the exhibits as outlined in the Rules & Regulations, which we have read and accept as part of the agreement. We authorize ACEP to reserve exhibit space on our behalf. A signature on this application indicates understanding and agreement to comply with all policies, rules, regulations, terms, and conditions, and any other rules issued by ACEP regarding ACEP26; willingness to abide by the payment policy; acknowledgment of having read the rules and regulations and agreements that the ACEP26 rules and regulations are an integral and binding part of this contract.

Signature of Authorizing Officer | Date

Name of Authorizing Officer (Please type or print) | Title of Authorizing Officer (Please type or print)

All products or services to be exhibited at ACEP26 must be listed below and approved.

List eight choices for exhibit space. Several firms apply for the same space, please do not limit your choices to one area.

Booth Size Requested	1	2	3	4	5	6	7	8

If the above spaces (or adjacent spaces) are not available at the time your space is assigned, Show Management will contact you.
If you are unavailable or fail to respond within 24 hours, ACEP Show Management will assign the best possible location.

List below organization(s) not desired in close proximity.
Every effort will be made to avoid these organizations, however, no guarantee can be made.

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Space confirmation, service kit, and other information should be sent to:
Information with an asterisk(*) is required.

*Name

*Title

Address (if different from front)

City/State/ZIP

*Telephone | Toll-Free

Fax | *Email Address

Payment

☐ My check for $_____ is enclosed. (Payable to ACEP, in US funds only.)

☐ Please charge $_____to my: ☐ Visa ☐ Mastercard ☐ American Express

All information requested below is required.

Card # | Expiration Date | CSV# | ZIP code for billing address

Name as it appears on the card | Signature

Booth Rates:

- ☐ 10 x 10 Standard In-Line $3,700
- ☐ 10 x 10 Standard Corner $4,200
- ☐ 10 x 10 Premium In-Line $4,200
- ☐ 10 x 10 Premium Corner $4,700
- ☐ 20 x 20 Island $15,600
- ☐ 20 x 30 Island $23,400
- ☐ 20 x 40 Island $31,200
- ☐ 30 x 50 Island $58,500
- ☐ Non-Profit. $2,500
  (limited availability at the NP rate; only standard in-line booths available at this rate)

If you're interested in corporate support opportunities, please list your approximate budget below so we can tailor something to fit your needs.