

# 2012 marketing and exhibiting prospectus



**Denver**  
April 19-20



**Orlando**  
October 25-26

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Photo #6 courtesy of the Peabody Orlando*



American Society of Bariatric Physicians <sup>TM</sup>



## ASBP STAFF

Laurie Traetow, CPA - Executive Director

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LEADERSHIP



## THE AMERICAN SOCIETY OF BARIATRIC PHYSICIANS (ASBP)

is an association for physicians, nurse practitioners and physician assistants who treat patients who are overweight or obese. It is the primary source for clinical education and training for the non-surgical medical management of obesity and its related conditions.

### MARKETING OPPORTUNITIES WITH ASBP:

- Conference exhibiting and sponsorships
- Advertising online and in publications
- Membership mailings

### TARGET AUDIENCE

ASBP has more than 1,400 members, of which the majority are family practice, internal medicine and OB/GYN practitioners. The number of conference attendees ranges between 300-500 new and seasoned practitioners and health care professionals.

## BENEFITS OF EXHIBITING

### DEMONSTRATE

Introduce your brand to clients eager to experiment with the latest technology, products and services.

### ENGAGE

Provide personal attention to new and seasoned practitioners.

### CONNECT

Receive word-of-mouth customer referrals by networking with conference attendees.



# SPRING OBESITY CONFERENCE

## Denver, CO

April 19-20, 2012

- Expected attendance: 400 physicians and advanced practitioners.
- Courses present scientific developments in obesity treatment and information pertinent to bariatric practices.

### THE GRAND HYATT HOTEL

The Grand Hyatt Hotel is located in the heart of downtown Denver and provides access to city attractions and the Colorado Rockies. Participate in spring skiing in the Rockies, or enjoy hiking and biking along trails that connect the city to its surrounding suburbs and outdoor areas. The State Capitol building is within walking distance of the hotel, and the building's 13th step indicates its location 5,280 feet (one mile) above sea level.

#### Grand Hyatt

1750 Welton Street  
Denver, Colorado 80202  
Phone: 303.295.1234  
[www.granddenver.hyatt.com](http://www.granddenver.hyatt.com)

Call 800.233.1234 to make a reservation and receive the discounted group rate of \$179 using the group code ASBP.





# 62<sup>nd</sup> ANNUAL OBESITY & ASSOCIATED CONDITIONS SYMPOSIUM


photos used with permission from Microsoft

## Orlando, FL

October 25-26, 2012

- Expected attendance: 500 physicians and advanced practitioners.
- Courses provide business tools for running a practice, review the fundamentals of bariatric medicine and present recent scientific developments in obesity treatment.

### THE PEABODY HOTEL



The Peabody Orlando continues the internationally renowned *March of the Peabody Ducks* that began in the 1930s at The Peabody Memphis. Five mallard ducks, four hens and a drake perform a twice daily ritual march through the hotel's marble halls, ending with a splash into the Atrium Lobby's fountain.

**The Peabody**  
9801 International Drive  
Orlando, Florida 32819  
Phone: 407.352.4000  
[www.peabodyorlando.com](http://www.peabodyorlando.com)

Call 800.732.2639 to make a reservation and receive the discounted group rate of \$174 using the group code ASBP.



# 2012 CONFERENCE SPONSORSHIP OPPORTUNITIES

## All conference sponsors will receive the following benefits:

- Recognition in Final Program.
- Prominent signage at registration area.
- Pre- and post- conference attendee listings.

*Additional benefits are earned based off the sponsorship levels/fees outlined on page 7.*

Please check the appropriate boxes indicating your selection(s).



### HOTEL ROOM KEY CARDS

**\$8,000**

Company name and logo will be printed on key cards used for the duration of the conference.

Denver  Orlando



### TOTE BAGS

**\$10,000**

Gain instant visibility and long-term exposure. Company name/logo will be printed on the expo bag given to all attendees and speakers upon registration.

Denver and Orlando



### NEW MEMBER RECEPTION

**\$6,500**

Be the first to interact with new members at this exclusive event!

Denver  Orlando



### MEALS & BREAKS

**\$2,500 - \$8,000**

Company name and logo/booth number can be printed on napkins/cups.

Denver  Orlando



### EXHIBIT HALL RECEPTION & POSTER SESSION

**\$3,500**

Promote your company during this event that allows conference attendees to display their current research and clinical data.

Orlando



### EXERCISE EVENTS

**\$1,000**

Earn prime exposure at equipment demonstrations and guided walks designed to teach attendees how to prescribe appropriate exercise for their patients.

Denver  Orlando



### UNRESTRICTED EDUCATIONAL GRANTS

**\$3,500 - \$15,000**

Sponsor lectures by obesity experts. Speakers/topics are selected by ASBP independent of grant support.

Denver  Orlando



### HOTEL ROOM ADVERTISEMENTS

**\$2,000**

Earn premier exposure. Product sample(s)/message(s) will be placed in attendees' hotel rooms.

Denver  Orlando

# 2012 CONFERENCE SPONSORSHIP OPPORTUNITIES



## LANYARDS \$4,000

Prominently display your company's name throughout the conference. Attendees are required to wear name badges.

Denver and Orlando



## SPONSORSHIP GIVEAWAY \$3,000 - \$5,000

Company name/logo can be printed on pens, mugs or water bottles used by attendees for the duration of the conference and after.

Denver  Orlando



## PRIVATE FUNCTIONS \$1,000 + meal cost

Functions for the purposes of networking and entertaining may be scheduled outside of official ASBP activities. Sponsors may send one mailing to attendees prior to an event. ASBP will connect sponsor with hotel personnel in order to arrange private functions.

Denver  Orlando



## FINAL PROGRAM ADVERTISEMENTS

Distributed to all attendees.

**\$2,800** (full page), **\$1,500** (half page)

Denver and Orlando

**\$1,500** (full page), **\$800** (half page)

Denver  Orlando



## TOTE BAG INSERTS \$500

Familiarize attendees with your brand before they enter the exhibit hall. All attendees will receive your product sample/message.

Denver  Orlando



## ONE DAY COURSE TOTE BAGS \$5,000

Approximately 16 United States locations to be determined.

Be the first to connect with new bariatricians! Gain instant visibility and long-term exposure. Company name/logo will be printed on the expo bag given to all attendees and speakers upon registration at each one-day workshop.

All 2012 Locations



## ONE DAY COURSE LANYARDS \$1,500

Approximately 16 United States locations to be determined.

Prominently display your company's name at each one-day course. Attendees are required to wear name badges.

All 2012 Locations

Please return via fax 303.779.4834, or mail to:  
ASBP Attn: Nicola Grun, 2821 S. Parker Road, Suite 625, Aurora, CO 80014

Sponsorship Opportunities

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# EXHIBIT HALL FLOORPLANS

## EXHIBITORS

- Conference Attendee Mailing Lists: Exhibitors will receive pre- and post- show attendee lists which can be used for a one time mailing to encourage booth traffic.

## SPACE ASSIGNMENT

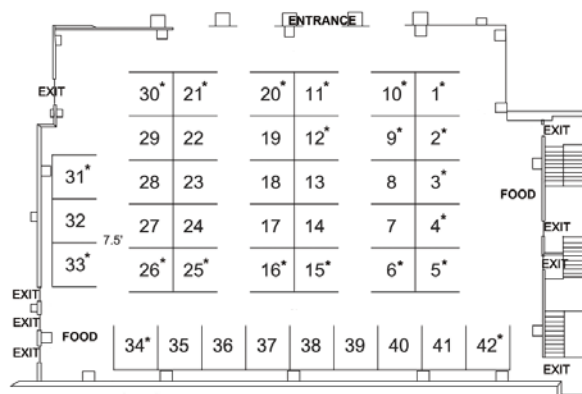
Vendors who take advantage of sponsorship opportunities will be awarded the most desirable locations in the Exhibit Hall based on the following points system:

- You have exhibited with ASBP for the past 5 consecutive years = 10 points
- You have exhibited with ASBP for the past 1-4 consecutive years = 5 points
- Registration for both 2012 spring and fall conferences = 3 points

*If companies earn equal points, assignment will be prioritized by the receipt date of completed application and payment.*

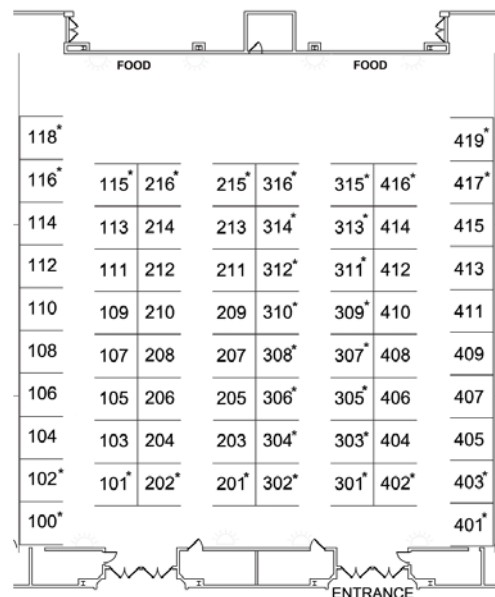
## SPONSORING PAYS OFF

LEVELS	BENEFITS	POINTS	DENVER	ORLANDO
<b>Platinum</b>	12 months web advertising Recognition at Annual Awards Ceremony 2 membership mailing lists	<b>50</b>	<b>\$10,000</b>	<b>\$12,000</b>
<b>Gold</b>	9 months web advertising 1 membership mailing list	<b>40</b>	<b>\$7,500</b>	<b>\$10,000</b>
<b>Silver</b>	6 months web advertising 1 membership mailing list	<b>30</b>	<b>\$5,000</b>	<b>\$7,500</b>
<b>Bronze</b>	3 months web advertising 1 membership mailing list	<b>20</b>	<b>\$3,000</b>	<b>\$5,000</b>
<b>Other</b>	1 membership mailing list	<b>15</b>	See fees on pages 5-6	See fees on pages 5-6



**Spring Obesity Conference**  
Denver, CO

\* = Premium Booth



**Obesity and Associated Conditions Symposium**  
Orlando, FL

\* = Premium Booth

# 2012 CONFERENCE EXHIBITOR APPLICATION

Denver skyline photo by Ron Ruhoff ©VISIT DENVER palm tree photo used with permission from Microsoft

10'x10'	Denver, CO	Orlando, FL	Both Events	
<b>EXHIBIT BOOTHS</b>	<b>APRIL 19-20, 2012</b>	<b>OCTOBER 25-26, 2012</b>	<b>SAVE!*</b>	<b>*A discount is available when paying for both events at the same time.</b>
Premium*	<input type="checkbox"/> \$1,600	<input type="checkbox"/> \$2,200	<input type="checkbox"/> \$3,600	
Standard	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$2,900	

Premium booths are located in front/corner locations of the exhibit hall and are denoted with an \* on the floorplans on page 7. Two booths may be purchased at double the rate. Please call Nicola Grun at 303.770.2526 to arrange this.

Company Name (as it will appear in the Final Program):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**PRIMARY CONTACT PERSON** (to whom exhibiting information will be sent)

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Interested in sponsorship opportunities? Please mark your selection(s) on pages 5-6.

**PAYMENT** (check one)

Visa     MasterCard     Am Express     Discover     Check (make payable to ASBP)

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

**FINAL PROGRAM LISTING:** Please provide a brief description for the Final Program. Limit 30 words.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please upgrade my listing. I agree to pay \$250 to include our company logo alongside the Final Program listing.

**SPACE ASSIGNMENT**

Floorplans are available on page 7. Please carefully consider which companies you do not wish to be near. As a reminder, spaces will be filled based on the points system listed on page 7.

Denver Booth Preferences: \_\_\_\_\_

Orlando Booth Preferences: \_\_\_\_\_

Please do not put our booth next to the following companies. ASBP will do its best to honor this.

\_\_\_\_\_

**Acceptance:** By signing below, I understand this application is subject to the policies and procedures which are outlined at [www.asbp.org](http://www.asbp.org). Marketing Opportunities>Conference Exhibiting>Exhibitor Policy. I have read and accept these conditions.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return via fax 303.779.4834, or mail to:  
ASBP Attn: Nicola Grun, 2821 S. Parker Road, Suite 625, Aurora, CO 80014

# OBESITY BASIC MEDICAL TREATMENT COURSE

photos used with permission from Microsoft

## ONE DAY COURSES

These one-day introductory courses target physicians and other health care professionals new to the field of bariatrics, and provide basic clinical information and tools for treating overweight and obese patients. ASBP will offer approximately 16 workshops in different United States cities throughout 2012. Four to six tabletop exhibit spaces will be available at each workshop.

### Tabletop Exhibit Fee: \$600

- Includes complimentary workshop attendee mailing list.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

How many workshops would you consider exhibiting at? \_\_\_\_\_

*Note: Preference will be given to companies interested in exhibiting at multiple workshops. A maximum of six exhibitors will be allowed at each location. Assignment will be made on a first come, first served basis.*

### PRIMARY CONTACT PERSON (to whom exhibiting information will be sent)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### PAYMENT (check one)

Visa     MasterCard     Am Express     Discover     Check (make payable to ASBP)

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

**Acceptance:** By signing below, I understand this application is subject to the policies and procedures which are outlined at [www.asbp.org](http://www.asbp.org). Marketing Opportunities>Conference Exhibiting>Exhibitor Policy. I have read and accept these conditions.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: If you are a new exhibitor, please complete and submit the Approval Application on page 14.*

Please return via fax 303.779.4834, or mail to:  
ASBP Attn: Nicola Grun, 2821 S. Parker Road, Suite 625, Aurora, CO 80014

# WEBSITE LISTING AGREEMENT

photos used with permission from Microsoft

Market your products or services on the *Commercial Bariatric Products & Services* portion of the ASBP website. Contact information, company logo, website link and company/product description are included.

## CONTACT AND PAYMENT INFORMATION

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**I/we authorize placement on the ASBP website as indicated below (select one):**

- 1 month: \$150
- 3 months: \$400
- 6 months: \$700
- 1 year: \$1,300

Company Products and/or Services (limit 30 words): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please charge my:  Visa  MasterCard  Am Express  Discover

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Check enclosed. Please make payable to ASBP (US dollars).

**Acceptance:** By signing below, I understand this application is subject to the policies and procedures which are outlined at **www.asbp.org**. Marketing Opportunities>Conference Exhibiting>Exhibitor Policy. I have read and accept these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: The signer must be an agent/representative for, or an employee of, the advertiser.  
If you are a new advertiser, please complete and submit the Approval Application on page 14.*

Please return via fax 303.779.4834, or mail to:  
ASBP Attn: Nicola Grun, 2821 S. Parker Road, Suite 625, Aurora, CO 80014

website listing agreement

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# PUBLICATIONS

**Commercial Classified Advertising:** Approved advertisers and ASBP members may promote medical products, equipment, pharmaceuticals, educational material or related services to ASBP's 1,400 members.

## THE AMERICAN JOURNAL OF BARIATRIC MEDICINE



*The American Journal of Bariatric Medicine, The Bariatrician* is a color scientific publication distributed twice a year. Approximate publication deadlines: Spring - May 1; Fall - November 1. The glossy magazine is 8.5 x 11 inches.

**Contents include:** News and research briefs, clinical and basic science articles, legal and practice issues, and ASBP event information.

## ASBP NEWS



ASBP News is a color newsletter distributed bi-monthly. The newsletter is 8.5 x 11 inches.

**Contents include:** ASBP Position Statements, society news and events, obesity treatment information, practice issues and advice, and government legislation.

**Recruitment Advertising:** Recruit physicians and health care professionals. Half and quarter page ads only.

**Pre-Printed Advertising Inserts:** Company provides pre-printed product/service flyers.

## ADVERTISING POLICIES

- All new advertisers are subject to approval by the ASBP Exhibitor/Advertiser Review Committee. ASBP reserves the right to reject any advertising that does not conform to ASBP standards.
- Insertion Orders must be signed by an authorized agent and returned prior to ad placement. Ad placement will be prioritized by payment receipt date.
- The advertiser or its representative will be held liable for any prepress charges incurred by ASBP on behalf of the advertiser.
- If an account becomes more than 30 days overdue, the ASBP reserves the right to cancel advertising in all publications and exhibit space reservations until payment is received.
- It is the advertiser's responsibility to contact ASBP with ad changes.

For more information about advertising specifications and custom advertising, please visit [www.asbp.org](http://www.asbp.org). Marketing Opportunities>Advertising, or contact Nicola Grun at 303.770.2526 or [nicola@asbp.org](mailto:nicola@asbp.org).

# PUBLICATIONS INSERTION ORDER

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Please mark your Commercial Classified Advertising selection(s) for either publication below.

## THE AMERICAN JOURNAL OF BARIATRIC MEDICINE

	FULL PAGE	1/2 PAGE	1/4 PAGE
<b>1 Issue</b> <input type="checkbox"/> Spring <input type="checkbox"/> Fall	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,000
<b>2 Issues</b> <input type="checkbox"/> Spring and Fall	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$1,900

**BONUS!** Receive a complimentary website listing with the purchase of a full year's advertising in the journal or newsletter.

**Special Placement:** Full year (2 issue) commitment is required.

<input type="checkbox"/> Center spread (2 pgs)	\$7,200	<input type="checkbox"/> Outside back cover	\$4,200
<input type="checkbox"/> Inside front cover	\$3,800	<input type="checkbox"/> First page	\$3,800
<input type="checkbox"/> Inside back cover	\$3,800	<input type="checkbox"/> Reserved page # _____	\$3,600

## ASBP NEWS

	FULL PAGE*	1/2 PAGE	1/4 PAGE	1/8 PAGE	NEWSLETTER ISSUES (select one or more)
<b>1 Issue</b> (make selection on right)	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$650	<input type="checkbox"/> \$375	<input type="checkbox"/> \$200	<input type="checkbox"/> Jan/Feb <input type="checkbox"/> Mar/Apr <input type="checkbox"/> May/June <input type="checkbox"/> July/Aug <input type="checkbox"/> Sept/Oct <input type="checkbox"/> Nov/Dec
<b>6 Issues</b>	<input type="checkbox"/> \$7,000	<input type="checkbox"/> \$3,700	<input type="checkbox"/> \$2,150	<input type="checkbox"/> \$1,100	

\*Full page locations:  Center spread - \$2,400  First pages  Outside back cover

Recruitment Advertising:  1/2 page - \$650  1/4 page - \$375

Pre-printed Inserts: (8.5 x 11 inches)  \$800 per issue  \$4,500 for 6 issues

Company Name: \_\_\_\_\_

Client (if agency): \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### PAYMENT (check one)

Please invoice the above address. All invoices are payable within 30 days of invoice date.

Check enclosed. Please make checks payable to ASBP (US dollars).

Please charge my:  Visa  MasterCard  Am Express  Discover

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

**Acceptance:** By signing below, I understand this application is subject to the policies and procedures which are outlined at [www.asbp.org](http://www.asbp.org). Marketing Opportunities>Conference Exhibiting>Exhibitor Policy. I have read and accept these conditions.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: If you are a new advertiser, please complete and submit the Approval Application on page 14.*

Please return via fax 303.779.4834, or mail to:  
ASBP Attn: Nicola Grun, 2821 S. Parker Road, Suite 625, Aurora, CO 80014

publications insertion order

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# MAILING LIST AGREEMENT

Any company, agency or individual interested in purchasing an ASBP Mailing List must complete the New Advertiser & Exhibitor Application on page 14. AGREEMENT entered into on the day and date set forth below by and between the ASBP and the contracting party whose signature is affixed hereto ("Contracting Party"). In consideration, receipt of payment of \$500 for full membership listing and this signed agreement, the parties do hereby agree as follows:

1. The Contracting Party agrees that it will not, either in the material to be mailed or in any other manner, advertise, suggest, indicate or imply the Contracting Party any product or right it sells or any service it performs, has received the ASBP's approval or endorsement.
2. The ASBP shall have no obligation to the Contracting Party or anyone else in connection with the said mailing except as expressly set forth herein.
3. The Contracting Party does hereby agree to defend and hold the ASBP harmless against all rights, claims and actions of every nature whatsoever arising out of any tortious conduct whatsoever on the part of the Contracting Party, its agents, servants or employees.
4. The Agreement constitutes the entire agreement between the parties.
5. The undersigned Contracting Party representatives request permission to rent the ASBP's membership mailing list.
6. The Contracting Party understands that this rental is on a one-time basis only. The mailing list may not be utilized for any use other than as indicated below.
7. The intended use of this mailing list is: \_\_\_\_\_

8. In consideration for the mailing list, the Contracting Party has enclosed payment in full.  
(In the event the material attached is not deemed appropriate the payment will be returned.)

To be considered, the mailing piece you intend to distribute MUST accompany this form. ASBP reserves the right to approve the mailing prior to issuing the mailing list.

Contracting Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASBP Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTACT AND PAYMENT INFORMATION

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please charge my:  Visa  MasterCard  Am Express  Discover

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Check enclosed. Please make checks payable to ASBP (US dollars).

**Acceptance:** By signing below, I understand this application is subject to the policies and procedures which are outlined at [www.asbp.org](http://www.asbp.org). Marketing Opportunities>Conference Exhibiting>Exhibitor Policy. I have read and accept these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If you are a new advertiser, please complete and submit the Approval Application on page 14.

# NEW ADVERTISER & EXHIBITOR APPLICATION

photos used with permission from Microsoft

**Any company, agency or individual interested in exhibiting at an ASBP CME meeting or advertising in an ASBP publication FOR THE FIRST TIME must receive approval from the Exhibitor/Advertiser Review Committee. ASBP:**

- Has final approval of all copy/statements attributed to, or using the name/reference to ASBP.
- Reserves the right to deny applicants who promote products or services which conflict with ASBP Position Statements.
- Reserves the right to deny applicants promoting membership in a competing organization.
- Reserves the right to deny applicants promoting CME opportunities that are in direct competition with ASBP's CME offerings.

**Please print or type. Incomplete forms will not be processed.**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name of products/services: \_\_\_\_\_

I am most interested in:  Exhibiting  Advertising  Both

1. What products/services do you wish to promote? Be specific. Include samples if applicable.

\_\_\_\_\_

2. Does your product/service provide (check all that apply):

a. health or educational benefits?  Yes  No

If yes, please explain: \_\_\_\_\_

b. benefits to physicians who work with obese patients?  Yes  No

If yes, please explain: \_\_\_\_\_

3. Is your product/service part of a multi-tiered sales program?  Yes  No

4. Are you seeking to enlist distributors or to sell a franchise?  Yes  No

*Note: If you answered yes to 3 or 4, we do not allow advertisers/exhibitors to promote these types of business plans.*

5. Does your product/service require FDA approval?  Yes  No

If so, please submit evidence of FDA approval.

6. Can you ensure your company will not make degrading comparison statements about other products or companies?  Yes  No

**Acceptance:** By signing below, I understand this application is subject to the policies and procedures which are outlined at [www.asbp.org](http://www.asbp.org). Marketing Opportunities>Conference Exhibiting>Exhibitor Policy. I have read and accept these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return via fax 303.779.4834, or mail to:  
ASBP Attn: Nicola Grun, 2821 S. Parker Road, Suite 625, Aurora, CO 80014

advertiser & exhibitor application

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Photo #2 - Bob Ash © VISIT DENVER  
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American Society of Bariatric Physicians™

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Aurora, CO 80014  
ph: 303.770.2526 | fax: 303.779.4834  
www.asbp.org