

## APPLICATION AND CONTRACT FOR SPONSORSHIP

### 2026 ASHP Midyear Clinical Meeting & Exhibition

Meeting Dates: December 6-9, 2026

Exhibit Dates: December 7-9, 2026

Orange County Convention Center ~ Orlando, Florida



#### Contact Information

Company Name.....

Contact..... Title.....

Tel (direct only) ..... Mobile.....

Email (direct only)..... Web Site .....

Address.....

City..... State..... Zip..... Country.....

#### Sponsorship Opportunities

Opportunity: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

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*All benefits related to inclusion in printed materials and signage are based on the sponsor meeting print and production deadlines. The sponsor's primary contact person will receive all correspondence pertinent to your sponsorship and will be responsible for completing and returning items by the stated deadline.*

#### Payment Information

February 5, 2026... 50% due for applications submitted prior to February 5, 2026, balance due April 2, 2026
February 6, 2026 – April 1, 2026...50% due with application, balance due April 2, 2026
On or After April 2, 2026 – 100% due with application
If the Sponsor fails to pay 100% of the total sponsorship fee by April 2, 2026, ASHP may cancel Sponsor's participation and is free to assign the released sponsorship to other companies. No refund will be made for a cancellation or reduction received after April 2, 2026, and full payment of any unpaid balance is required. Failure to make payments or cancellation of participation does not release the contractual or financial obligations of the Sponsor.

#### Cancellation Penalties

Though February 5, 2026 – No Cancellation Fee
February 6, 2026 - April 1, 2026 - 50% of Exhibit Space Rental Fee
On or After April 2, 2026 – 100% of Exhibit Space Rental Fee
If Sponsor desires to cancel all or part of the sponsorship items, it must do so in writing by certified mail or via email to SPARGO, Inc. and may be charged a cancellation penalty. Notices must be sent to ASHP Exhibits, c/o SPARGO, Inc., 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030 or <a href="mailto:ashpexhibits@spargoinc.com">ashpexhibits@spargoinc.com</a> .

#### MAIL LOCKBOX ADDRESS

American Society of Health-System Pharmacists  
PO BOX 38065  
Baltimore, MD 21297-8065

#### OVERNIGHT LOCKBOX ADDRESS

American Society of Health-Systems Pharmacists  
ATTN: Lockbox 38065  
1307 Walt Whitman Drive  
Melville, NY 11747

#### Credit Card Payments:

An invoice will be sent with instructions to submit credit card payment online.

#### Submit application to:

Email: [exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

#### Need Help? Contact:

[ashpexhibits@spargoinc.com](mailto:ashpexhibits@spargoinc.com)  
703-631-6200 | 800-564-4220

#### Make checks payable to:

American Society of Health-Systems Pharmacists

I acknowledge that as an authorized representative of the above stated Sponsor, I have received, reviewed, and agree that Sponsor will comply with the [ASHP Rules and Regulations Governing Exhibits, Meeting Terms and Conditions](#) and any other applicable policies, waivers, or guidelines. Sponsor agrees to receive all written and electronic correspondence from ASHP, SPARGO, Inc. and official event contractors in reference to the 2026 ASHP Midyear Clinical Meeting & Exhibition and all future ASHP events. This exhibit space application will become a contract upon Sponsor's authorized signature and ASHP's acceptance and approval by written confirmation to Sponsor, and the terms of this contract shall take precedence over and control in the event of any conflicts between the terms hereof and any other agreement Sponsor may request be signed in connection with its sponsorship.

Sponsor Signature..... Date.....