



**AHIMA 2025**

Meeting Dates: October 12-14, 2025  
 Exhibit Dates: October 12-14, 2025  
 Minneapolis Convention Center | Minneapolis, MN

**Contact Information (English Only)**

Company Name .....

Contact ..... Job Title .....

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

Email (direct only) ..... Website .....

Address .....

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

**Sponsorship Opportunities**

Sponsorship Opportunity: \_\_\_\_\_

Sponsorship Opportunity: \_\_\_\_\_

Sponsorship Opportunity: \_\_\_\_\_

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

Special Requests/Notes: \_\_\_\_\_

**Payment Information**

Deposit and Payment Schedule
Through December 19, 2024, 0% due with contract
December 20, 2024–April 30, 2025, 50% due with contract
On or after May 1, 2025, 100% Due with Contract
<b>If the Exhibitor fails to pay 100% of the total contracted exhibit space rental fee by May 1, 2025, AHIMA may cancel Exhibitor’s participation and is free to assign the released space to other companies. No refund will be made for a cancellation or reduction received after April 30, 2024, and full payment of any unpaid balance is required. Failure to make payments or cancellation of participation does not release</b>

**Cancellation Penalties**

Cancellation Penalties
Through April 30, 2025, 50% of contracted amount
On or after May 1, 2025, 100% of contracted amount
<b>If Exhibitor desires to cancel all or part of the exhibit space, it must do so in writing by certified mail to SPARGO, Inc. and will be charged a cancellation penalty. Notices must be sent to AHIMA Exhibits c/o SPARGO, Inc., 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030, <a href="mailto:ahimaexhibits@spargoinc.com">ahimaexhibits@spargoinc.com</a>.</b>

**Make checks payable to:** American Health Information Management Association (AHIMA)

**Mail check payment to:**  
 American Health Information Management Association  
 Dept. 77-735  
 Chicago, IL 60678-2735

**Wire/ACH Payments:**  
 Email [exhibitorservices@spargoinc.com](mailto:exhibitorservices@spargoinc.com) for details to pay by Wire/ACH.

**Credit Card Payments:**  
 An invoice will be sent with instructions to submit your credit card online.

**Submit Completed Contract to:**  
[exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

**Need help? Contact:**  
[ahimaexhibits@spargoinc.com](mailto:ahimaexhibits@spargoinc.com)

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the **AHIMA Rules and Regulations Governing Exhibits, Meeting Terms and Conditions** and any other applicable policies, waivers, or guidelines, including any vaccination requirements, as applicable. Exhibitor agrees to receive all written and electronic correspondence from AHIMA, SPARGO, Inc. and official event contractors in reference to the AHIMA25 and all future AHIMA events. This exhibit space application will become a contract upon the signature of Exhibitor’s authorized representative and AHIMA’s acceptance and approval by written confirmation to Exhibitor, the terms of which shall take precedence over and control in the event of any conflicts between the terms thereof and any other agreement Exhibitor may request be signed in connection with its Exhibit at the Meeting.

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