

APPLICATION AND CONTRACT FOR SUPPORT OPPORTUNITIES

2026 Highlights of ASH® in North America

New York, NY | Chicago, IL | Washington, DC | Seattle, WA

Submit application to:
ashexhibits@spargoinc.com



Contact Information

Company Name.....
Agency Name (if applicable).....
Contact..... Job Title.....
Tel (direct)..... Mobile (required).....
Email (direct)..... Web Site
Address.....
City..... State..... Zip..... Country.....

Support Opportunities

Support Opportunity: _____ Cost: \$ _____
Support Opportunity: _____ Cost: \$ _____
Support Opportunity: _____ Cost: \$ _____
Total Cost: \$ _____ Special requests / Notes: _____

Opportunities are exclusive to confirmed exhibitors. All benefits are based on the Supporter adhering to deadlines that will be outlined in Supporter confirmation and fulfillment email. The Supporter's primary contact person will receive all correspondence pertinent to support opportunity, including the confirmation and fulfillment email, and will be responsible for completing and returning items by the stated deadlines.

- ASH agrees to acknowledge support from the commercial supporter in program materials using the standard company logo only.
- Upon request, ASH will furnish the commercial supporter a report concerning the expenditure of the funds provided.
- Both parties agree to abide by all requirements of the PhRMA Code on Interactions with Healthcare Professionals.
- Upon reasonable notice, ASH agrees to allow supporter access to expense records related to the activity for a period of three (3) years.

Payment Information

Deposit and Payment Schedule
Payment in full due with application
Supporters must submit full payment with application. Failure to make payments does not release the contracted or financial obligation of Supporter. A late fee of 5% will be assessed on amounts past due by over 30 days.

Submit application to:

Email: ashexhibits@spargoinc.com

Need Help? Contact:

ashexhibits@spargoinc.com
703-631-6200 | 800-564-4220

Cancellation Penalties

Cancellation Penalties
100% cancellation penalty

Make checks payable to: ASH (Reference Invoice Number on check)
ASH Tax ID: 23-7080568

Mail check payment to:
American Society of Hematology – HOA Exhibits
P.O. Box 70705 • Philadelphia, PA 19176-0705

Overnight check payment to:
American Society of Hematology - Box 70705 – HOA Exhibits
Attn: Box 70705
400 White Clay Center Drive • Newark, DE 19711
Tel: 202-776-0544

Credit Card Payments:

An invoice will be sent via email with instructions to submit a credit card payment online. A 3.5% nonrefundable processing fee will be added to all credit card payments.

I acknowledge that as an authorized representative of the above stated Supporter, I have received, reviewed, and agree that Supporter will comply with the *Rules and Regulations*. Failure to adhere to these guidelines will result in denial of future participation. Supporter agrees to receive all written and electronic correspondence from ASH, SPARGO, Inc. and official event contractors in reference to the Highlights of ASH and all future ASH events. This support application will become a contract upon Supporter's authorized signature and ASH's acceptance and approval.

Supporter Signature..... Date.....
Printed Name..... Telephone.....