

APPLICATION AND CONTRACT FOR SUPPORT OPPORTUNITIES



2021 ASH® Meeting on Hematologic Malignancies

In-Person: September 10-11, 2021

Hilton Chicago • Chicago, Illinois

Virtual: September 10 – October 8, 2021

Submit application to:

ashexhibits@spargoinc.com

Contact Information

Company Name.....

Agency Name (if applicable).....

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

Tel..... Mobile.....

Email..... Web Site

Address.....

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

Support Opportunities

Support Opportunity: _____ Cost: \$ _____

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

Exhibitors must submit full payment full with application. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

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

ASH Tax ID: 23-7080568

Mail check payment to:

American Society of Hematology – MHM Exhibits

P.O. Box 70705 • Philadelphia, PA 19176-0705

Overnight check payment to:

American Society of Hematology - Box 70705 – MHM Exhibits

Attn: Box 70705

400 White Clay Center Drive • Newark, DE 19711

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

Exhibitor Signature..... Date.....

Printed Name..... Telephone.....