



2022 ASH Meeting on Hematologic Malignancies

In-Person: September 2-3, 2022
Hilton Chicago • Chicago, Illinois

Virtual: September 2-30, 2022

Contact Information

Company Name

Agency Name (if applicable).....

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

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

Email (direct)..... Web Site

Address.....

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

Mailing List Opportunities

☐ Pre-Show Registrant List - \$250

☐ Post Show Registrant List - \$250

Total Cost of All Items: \$ **Email Address to Receive List:**

Payment Information

Deposit and Payment Schedule

Payment in full due with application

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

Submit application and sample mailing piece to:

ASH MHM Mailing List Order
c/o SPARGO
11208 Waples Mill Road, Suite 112
Fairfax, VA 22030
eileen.mcguill@spargo.com

Need Help? Contact:

ashexhibits@spargo.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

Credit Card Payments:

An invoice will be sent via email with instructions to submit a credit card payment online. A 3.25% nonrefundable processing fee will be added to all credit card payments.

As an exhibitor you may order a registrant list and benefit from exhibiting at the 2022 ASH Meeting on Hematologic Malignancies. Use of the mailing list is meant to facilitate your company's marketing efforts. The data will be provided in an Excel file. **This Application and Contract allows for the one time use of the list for educational purposes only. A copy of the mailing material must be sent with this completed form for approval (electronic file can be submitted via email). You will be notified in 7-10 days if the mailing material is NOT approved.** The Excel file may not be reproduced or distributed to any other organization, individual or institution without the expressed written consent of SPARGO, Inc. The database includes attendee records only. Exhibitor records are not available for purchase. Records contain name and address information only. **No phone, fax, or email information will be included.** This offer is valid to ASH Meeting on Hematologic Malignancies exhibitors who have no outstanding exhibit invoices only. **Publishers, competing organizations, associations and producers of trade shows, conferences and professional meetings are excluded from this offer.**

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 application will become a contract upon Exhibitor's authorized signature and ASH's acceptance and approval.

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

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