



2023 ASH Meeting on Hematologic Malignancies

September 8-9, 2023

Fairmont Chicago, Millennium Park

Chicago, Illinois

Submit application to: ashexhibits@spargoinc.com

Contact Information

Company Name.....

Agency Name (if applicable).....

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

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

Email (direct)..... Web Site

Address.....

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

Support Opportunities

Wi-Fi - \$15,000

Registration Confirmations - \$15,000

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.

Pre-Show Registrant List - \$300 Post Show Registrant List - \$300 Email to Receive List: _____

As an exhibitor you may order a registrant list and benefit from exhibiting at the 2023 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 opportunity 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 opportunity.**

Total Cost: \$ _____ Special Requests / Notes: _____

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

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.

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.....