

# APPLICATION AND CONTRACT FOR SPONSORSHIP OPPORTUNITIES

## ASHP Pharmacy Futures Meetings & Exhibition

Meeting Dates: June 8-12, 2024

Exhibit Dates: June 9-11, 2024

Oregon Convention Center | Portland, OR



### Contact Information

Company Name.....  
Contact..... Job Title.....  
Tel (direct only)..... Mobile (required).....  
Email (direct only)..... Web Site .....

Address .....

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

### Sponsorship Opportunities

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

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

*All benefits related to inclusion in printed materials and signage are based on the sponsor meeting print and production deadlines. The sponsor's primary contact person will receive all correspondence pertinent to your sponsorship and will be responsible for completing and returning items by the stated deadline. All cancellations must be in writing. Along with penalties stated below, cancellation penalties may include additional costs incurred for opportunities already produced at the time of cancellation.*

### Payment Information

Deposit and Payment Schedule
Through August 10, 2023, 0% due with contract
August 11, 2023 – January 10, 2024, 50% due with contract
On or after January 11, 2024, 100% Due with Contract

If the Exhibitor fails to pay 100% of the total contracted exhibit space rental fee by January 11, 2024, ASHP 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 January 11, 2024, and full payment of any unpaid balance is required. Failure to make payments or cancellation of participation does not release the contractual or financial obligations of the Exhibitor.

### Cancellation Penalties

Cancellation Penalties
Through August 10, 2023, 0% penalty
August 11, 2023 – January 10, 2024, 50% of contracted amount
On or after January 11, 2024, 100% of contracted amount

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 ASHP Exhibits c/o SPARGO, Inc., 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030, [ashpexhibits@spargo.com](mailto:ashpexhibits@spargo.com).

**Make checks payable to:** American Society of Health-System Pharmacists

#### Mail Lockbox Address

American Society of Health-System Pharmacists  
PO BOX 38065  
Baltimore, MD 21297-8065

#### Overnight Lockbox Address

American Society of Health-System Pharmacists  
Attn. Lockbox 38065  
1307 Walt Whitman Drive  
Melville, NY 11747

#### Submit application to:

Email: [ashpexhibits@spargo.com](mailto:ashpexhibits@spargo.com)

#### Need Help? Contact:

[ashpexhibits@spargo.com](mailto:ashpexhibits@spargo.com)  
703-631-6200 | 800-564-4220

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the [ASHP 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 ASHP, SPARGO, Inc. and official event contractors in reference to the ASHP 2024 Pharmacy Futures Meetings & Exhibition and all future ASHP events. This sponsorship opportunities application will become a contract upon the signature of Exhibitor's authorized representative and ASHP'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.

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

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