

# APPLICATION AND CONTRACT FOR EXHIBIT SPACE

## ASHP Pharmacy Futures 2025

Meeting Dates: June 7-11, 2025

Exhibit Dates: June 8-10, 2025

Charlotte Convention Center | Charlotte, NC



### Contact Information

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

### Exhibitor Opportunities (Packages and Standard Space)

Visionary –\$45,000     Leader–\$20,000     Collaborator –\$10,000     Space Rate– \$39.00/sq. ft.

Size: \_\_\_\_\_ (min. 10'x10') Preferences: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Booth Cost: \$ \_\_\_\_\_

Enhanced Listing – \$575                       Premium Listing – \$1,100

Executive Suite - \$7,000

**Total Cost of All Items: \$ \_\_\_\_\_**

### Payment Information

Deposit and Payment Schedule
Through August 12, 2024, 0% due with contract
August 13, 2024 – January 13, 2025, 50% due with contract
On or after January 14, 2025, 100% Due with Contract

If the Exhibitor fails to pay 100% of the total contracted exhibit space rental fee by January 14, 2025, 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 13, 2025, 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 12, 2024, 0% penalty
August 13, 2024 – January 13, 2025, 50% of contracted amount
On or after January 14, 2025, 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@spargoinc.com](mailto:ashpexhibits@spargoinc.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 (i.e. FedEx or UPS)

ASHP – 50038065-5285  
400 White Clay Center Drive  
Newark, DE 19711

#### Submit application to:

Email: [asphehbits@spargoinc.com](mailto:asphehbits@spargoinc.com)

#### Need Help? Contact:

[asphehbits@spargoinc.com](mailto:asphehbits@spargoinc.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 Summer Meetings & Exhibition and all future ASHP events. This exhibit space 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.....