

# APPLICATION AND CONTRACT FOR SPONSORSHIP OPPORTUNITIES

## 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.....

### 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

### Cancellation Penalties

| 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   |
| <b>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.</b> |

| 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  |
| <b>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, <a href="mailto:ashpexhibits@spargoinc.com">ashpexhibits@spargoinc.com</a>.</b> |

**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@spargoinc.com](mailto:ashpexhibits@spargoinc.com)

#### Need Help? Contact:

[ashpexhibits@spargoinc.com](mailto:ashpexhibits@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 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.....