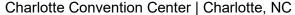
APPLICATION AND CONTRACT FOR SPONSORSHIP OPPORTUNITIES

ASHP Pharmacy Futures 2025

Meeting Dates: June 7-11, 2025 Exhibit Dates: June 8-10, 2025





Contact Information			
Company Name			
Contact		Job Title	
Tel (direct only)			
Email (direct only)			
Address			
City	State	Zip	Country
Sponsorship Opportunities			
Opportunity:			Total Cost: \$
Opportunity:			_Total Cost: \$
sponsor's primary contact person will re	eceive all corresponden All cancellations must b	ce pertinent to your s be in writing. Along w	ponsor meeting print and production deadlines. The sponsorship and will be responsible for completing and ith penalties stated below, cancellation penalties may ancellation.
B (1 . C		•	

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.

Submit application to:

Email: ashpexhibits@spargoinc.com

Need Help? Contact:

ashpexhibits@spargoinc.com 703-631-6200 | 800-564-4220

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.

<u>Make checks payable to</u>: 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 Heath-System Pharmacists Attn. Lockbox 38065 1307 Walt Whitman Drive Melville, NY 11747

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