

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

ASHP Pharmacy Futures 2026

Meeting Dates: June 13-17, 2026

Exhibit Dates: June 14-16, 2026

America's Center Convention Complex | St. Louis, MO



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– \$40.00/sq. ft.

Size: _____ (min. 10'x10') Preferences: 1st _____ 2nd _____ 3rd _____ Booth Cost: \$ _____

☐ Enhanced Listing Onsite – \$525 ☐ Executive Suite - \$8,000
☐ Enhanced Listing – \$600
☐ Premium Listing Onsite – \$925
☐ Premium Listing – \$1,100

Total Cost of All Items: \$ _____

Payment Information

Deposit and Payment Schedule
Through August 11, 2025, 0% due with contract
August 12, 2025 – January 8, 2026, 50% due with contract
On or after January 9, 2026, 100% Due with Contract
If the Exhibitor fails to pay 100% of the total contracted exhibit space rental fee by January 9, 2026, 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 on or after January 9, 2026, 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

Liquidated Damages for Cancellation
Through August 11, 2025, 0%
August 12, 2025 – January 8, 2026, 50% of contracted amount
On or after January 9, 2026, 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 liquidated damages for cancellation. Notices must be sent to ASHP Exhibits c/o SPARGO, Inc., 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030, 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

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 Pharmacy Futures 2026 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 this contract shall take precedence over and control in the event of any conflicts between the terms hereof and any other agreement Exhibitor may request be signed in connection with its Exhibit at the Meeting.**

Exhibitor Signature..... Date.....
Printed Name..... Telephone.....