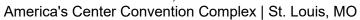
APPLICATION AND CONTRACT FOR EXHIBIT SPACE

ASHP Pharmacy Futures 2026Meeting Dates: June 13-17, 2026
Exhibit Dates: June 14-16, 2026





Contact Information	
Company Name	
Contact	
Tel (direct only)	
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: 1 st 2 nd _	3 rd Booth Cost: \$
□ Enhanced Listing Onsite – \$525 □ Enhanced Listing – \$600 □ Premium Listing Onsite – \$925 □ Premium Listing – \$1,100 □ Total Cost of All Items: \$	
Payment Information	Cancellation
Deposit and Payment Schedule	Liquidated Damages for Cancellation
Through August 11, 2025, 0% due with contract	Through August 11, 2025, 0%
August 12, 2025 – January 8, 2026, 50% due with contract	August 12, 2025 – January 8, 2026, 50% of contracted amount
On or after January 9, 2026, 100% Due with Contract	On or after January 9, 2026, 100% of contracted amount
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 ofparticipation does not release the contractual or	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 .
financial obligations of the Exhibitor. Submit application to: Email: 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
Need Help? Contact: ashpexhibits@spargoinc.com 703-631-6200 800-564-4220	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 NameTelephone	