

APPLICATION AND CONTRACT FOR SPONSORSHIP

2021 ASHP Midyear Clinical Meeting & Exhibition

Meeting Dates: December 5-9, 2021

Exhibit Dates: December 6-8, 2021

Orange County Convention Center ~ Orlando, FL



Contact Information (English Only)

Company Name.....
Contact..... Title.....
Tel..... Mobile.....
Email..... 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.

Payment Information

Deposit and Payment Schedule
Payment in full due with application

ASHP requires payment in full with this application. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Cancellation Penalties

Cancellation Penalties
100% Cancellation Penalty

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
1037 Walt Whitman Drive
Melville, NY 11747

Submit application to:
Email: exhibitcontracts@spargoinc.com

Need Help? Contact:
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. Exhibitor agrees to receive all written and electronic correspondence from ASHP, SPARGO, Inc. and official event contractors in reference to the 2021 ASHP Midyear Clinical Meeting & Exhibition and all future ASHP events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ASHP's acceptance and approval by written confirmation to Exhibitor.

Sponsor Signature..... Date.....
Printed Name..... Telephone.....