

**APPLICATION AND CONTRACT FOR VIRTUAL EXHIBIT PACKAGE**



**2021 ASHP Midyear Meeting & Exhibition**

Virtual Meeting Dates: December 5-9, 2021

**Contact Information**

Company Name.....  
Contact..... Title.....  
Tel..... Mobile.....  
Email..... Web Site .....  
Address.....  
City..... State..... Zip..... Country.....

**Exhibitor Virtual Package Opportunities**

- Standard - \$4,750       Enhanced - \$15,000       Premium - \$50,000       Ultimate - \$100,000
- We are interested in Support Opportunities

**Total Cost of All Items: \$\_\_\_\_\_**

**Payment Information**

**Cancellation Penalties**

Deposit and Payment Schedule
Payment in full due with application
Any funds already paid towards the exhibit space rental fee for ASHP Midyear 2021 will be applied to the purchase of the virtual exhibit package. Any remaining funds will be automatically refunded to Exhibitor.
<b>ASHP requires payment in full with this application. Failure to make payments does not release the contracted or financial obligation of Exhibitor.</b>

Cancellation Penalties
100% of Virtual Exhibit Package Fee

**Submit application to:**  
Email: [exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

**Need Help? Contact:**  
[ashpexhibits@spargoinc.com](mailto:ashpexhibits@spargoinc.com)  
703-631-6200 | 800-564-4220

**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

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 and the [Meeting Terms and Conditions](#). Exhibitor agrees to receive all written and electronic correspondence from ASHP, SPARGO, Inc. and official event contractors in reference to the 2021 ASHP Midyear Meeting & Exhibition and all future ASHP events. This virtual exhibit package application will become a contract upon Exhibitor's authorized signature and ASHP's acceptance and approval by written confirmation to Exhibitor.

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