

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

2026 ASHP Midyear Clinical Meeting & Exhibition

Meeting Dates: December 6-9, 2026

Exhibit Dates: December 7-9, 2026

Orange County Convention Center ~ Orlando, Florida



Contact Information

Company Name.....

Contact..... Title.....

Tel (direct only) Mobile.....

Email (direct only)..... Web Site

Address.....

City..... State..... Zip..... Country.....

Exhibitor Opportunities

☐ Space Rate - \$52.00 per sq. ft. ☐ Corner - \$550 per corner

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

☐ Enhanced Listing - \$1050/\$900 (onsite) ☐ Premium Listing - \$1,900/\$1,650 (onsite) ☐ Executive Suite - \$11,000

☐ VIP Demo - \$4,600 **Total Cost of All Items: \$** _____

Payment Information

February 5, 2026... 50% due for applications submitted on or before February 5, 2026

February 6, 2026 – April 1, 2026... 50% due with application, balance due April 2, 2026

On or after April 2, 2026 – 100% due with new applications; all current booth balances due

If the Exhibitor fails to pay 100% of the total contracted exhibit space rental fee by April 2, 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 request for reduction of exhibit space received after April 2, 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.

Cancellation Penalties

Through February 5, 2026 – No Cancellation Fee

February 6, 2026 - April 1, 2026 - 50% of Exhibit Space Rental Fee

On or after April 2, 2026 – 100% of Exhibit Space Rental Fee

If Exhibitor desires to cancel all or part of the exhibit space, it must do so in writing by certified mail or via email 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 or ashpexhibits@spargoinc.com.

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

Credit Card Payments:

An invoice will be sent with instructions to submit credit card payment online.

Submit application to:

Email: exhibitcontracts@spargoinc.com

Need Help? Contact:

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

Make checks payable to:

American Society of Health-System Pharmacists

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 2026 ASHP Midyear Clinical Meeting & Exhibition 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, and 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.....