## APPLICATION AND CONTRACT FOR SPONSORSHIP

# 2022 ASHP Summer Meetings & Exhibition

Meeting Dates: June 11-15, 2022 Exhibit Dates: June 12-14, 2022 Phoenix Convention Center ~ Phoenix, AZ



pharmacists advancing healthcare

<b>Contact Informatio</b>	n (English Only)
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Company Name			
Contact		Title	
Tel (direct only)		Mobile	
Email (direct only)	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. All cancellations must be in writing. Along with penalties stated below, cancellation penalties may include additional costs incurred for opportunities already produced at the time of cancellation.

### Payment Information

#### Deposit and Payment Schedule

50% due with application, balance due April15, 2022

After April 15, 2022 - 100% due with application

If the Exhibitor fails to pay 100% of the total contracted sponsorship rental fee by April 16, 2022, ASHP may cancel Exhibitor's participation and is free to assign the released the sponsorship to other companies. No refund will be made for a cancellation or reduction received after April 15, 2022, 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: <u>exhibitcontracts@spargoinc.com</u>

Need Help? Contact: ashpexhibits@spargoinc.com 703-631-6200 | 800-564-4220

## Cancellation Penalties

#### Cancellation Penalties

By April 15, 2022 - 50% of Exhibit Space Rental Fee

After April 15, 2022 - 100% of Exhibit Space Rental Fee

If Exhibitor desires to cancel all or part of the sponsorship, 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.

#### Make checks payable to:

American Society of Health-Systems Pharmacists

#### MAIL LOCKBOCK ADDRESS

American Society of Health-System Pharmacists PO BOX 38065 Baltimore, MD 21297-8065

#### OVERNIGHT LOCKBOCK ADDRESS

American Society of Health-Systems 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.

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, r <u>ASHP Rules and Regulations Governing Exhibits</u> , <u>Meeting Terms and Conditions</u> and any other ap to receive all written and electronic correspondence from ASHP, SPARGO, Inc. and official event of Meetings & Exhibition and all future ASHP events. This sponsorship application will become a contra acceptance and approval by written confirmation to Exhibitor.	plicable policies, waivers, or guidelines. Exhibitor agrees ontractors in reference to the 2022 ASHP Summer
Exhibitor Signature	Date
Printed Name	Telephone