



2020 ASH Meeting on Lymphoma Biology

August 6-9, 2020
Westfields Marriott
Chantilly, Virginia

Submit application to:
exhibitcontracts@spargoinc.com

Contact Information

Company Name (used for all recognition).....
 Contact..... Title.....
 Tel..... Mobile.....
 Email..... Web Site.....
 Address.....
 City..... State..... Zip..... Country.....

Corporate Description (if additional space is needed, please attach a 35-word description)

Exhibitor Opportunities

Tabletop Exhibit - \$10,000 # of Tables: _____
 (Includes six-foot tabletop, two chairs, wastebasket, tier #3 Priority Points, and three complimentary badges.)

Pre-show Attendee/Mailing List - \$250
 (Exhibitors purchasing the mailing list will receive contact name, degree, organization, and full address. The initial list will be emailed July 9, 2020 and a supplemental list will be emailed July 23, 2020. The mailing piece must be approved by ASH prior to receiving the list. Exhibitors purchasing the attendee list only will receive contact name, degree, organization, city, state, and country.)

Total Cost: \$ _____

Payment Information

Deposit and Payment Schedule
Through April 9, 2020...50% due with application
Beginning April 10, 2020...100% due with application

All balances must be paid no later than April 10, 2020 for exhibitors securing tabletop(s) prior to April 10, 2020. Exhibitors securing tabletop(s) beginning April 10, 2020 must submit payment in full with application. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

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 Email: exhibitcontracts@spargoinc.com

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

Cancellation Penalties

Cancellation Penalties
Through April 9, 2020...50%
Beginning April 10, 2020...100% (non-negotiable)

Make checks payable to: ASH
 ASH Tax ID: 23-7080568

Mail check payment to:
 American Society of Hematology – MLB Exhibits
 P.O. Box 37579 ♦ Baltimore, MD 21297-3579

Overnight check payment to: BB&T
 Attn: Lockbox # (P.O. Box 37579)
 16410 Heritage Blvd., 2nd floor ♦ Bowie, MD 20716

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the [Rules and Regulations](#). Failure to adhere to these guidelines will result in denial of future participation. Exhibitor agrees to receive all written and electronic correspondence from ASH, SPARGO, Inc. and official event contractors in reference to the ASH Meeting on Lymphoma Biology and all future ASH events. This tabletop exhibit application will become a contract upon Exhibitor's authorized signature and ASH's acceptance and approval.

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