

# APPLICATION AND CONTRACT FOR VIRTUAL PRODUCT THEATER

## 62nd ASH Annual Meeting & Exposition

December 5-8, 2020



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

### Contact Information

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

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

Product theaters are designed to provide exhibitors the ability to present new research findings on products, provide product details, and give demonstrations. Product theaters are solely promotional in nature and continuing medical education credits may not be offered.

### Product Theater Fees

Live Product Theater - \$100,000       Pre-recorded Product Theater - \$75,000

### Preferred Dates

*(please rank dates in order of preference)*

\_\_\_\_\_ Saturday, December 5    \_\_\_\_\_ Sunday, December 6    \_\_\_\_\_ Monday, December 7

### Payment Information

#### Deposit and Payment Schedule

Payment in full due with application

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

#### Submit application to:

Email: [exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

#### Need Help? Contact:

[ashexhibits@spargoinc.com](mailto:ashexhibits@spargoinc.com)  
703-631-6200 | 800-564-4220

### Cancellation Penalties

#### Cancellation Penalties

100% cancellation penalty

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

**Mail check payment to:**  
American Society of Hematology - Exhibits  
P.O. Box 204 ♦ Lewiston, ME 04243-0061

**Overnight check payment to:**  
Deluxe ♦ Attn: Jenn Dudzic  
168 Lisbon Street Lewiston, ME 04240  
Tel: 207-782-6858, ext. 7428

#### Credit Card Payments:

An invoice will be sent within one business day with instructions to submit credit card payment online.

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*. Exhibitor agrees to receive all written and electronic correspondence from ASH, SPARGO, Inc. and official event contractors in reference to the ASH annual meeting and all future ASH events. This application will become a contract upon Exhibitor's authorized signature and ASH's acceptance and approval.

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