

# APPLICATION AND CONTRACT FOR REGISTRANT LIST



## 65th ASH Annual Meeting & Exposition

Meeting Dates: December 9-12, 2023  
Exhibit Dates: December 9-11, 2023  
San Diego Convention Center | San Diego, CA

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

### Contact Information

Company Name..... Contact.....  
Tel (direct)..... Mobile.....  
Email (direct).....  
Address.....  
City..... State..... Zip..... Country.....  
Email to Receive List.....

**Registrant List** (The registrant list will be available the first week of November and is for reference purposes only. The list contains registrant name, title, degree, organization, city, state, country, and meeting format registration type.)

#### For-Profit Rates

- U.S. Names Only – \$3,575
- International Names Only – \$2,890
- International and U.S. Names – \$4,725

#### Non-Profit Rates

- U.S. Names Only – \$1,750
- International Names Only – \$1,150
- International and U.S. Names – \$2,250

#### FSS Rate

- International and U.S. Names – \$2,250

#### Add-On Opportunity Rate

- Updated List (end of November) – \$1,000

### Payment Information

Deposit and Payment Schedule
February 10, 2023...50% due for applications submitted prior to February 10, 2023
February 10, 2023 – June 8, 2023...50% due with application
After June 8, 2023...100% due with application
<b>ASH requires payment in full no later than June 9, 2023. Failure to make payments does not release the contracted or financial obligation of Exhibitor.</b>

#### 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
Through February 9, 2023...0%
February 10, 2023 – June 8, 2023...50%
After June 8, 2023...100%

#### Make checks payable to: ASH

ASH Tax ID: 23-7080568

#### Mail check payment to:

American Society of Hematology - Exhibits  
P.O. Box 70705 ♦ Philadelphia, PA 19176-0705

#### Overnight check payment to:

American Society of Hematology - Box 70705 - Exhibits  
Attn: Box 70705  
400 White Clay Center Drive ♦ Newark, DE 19711

#### Credit Card Payments:

An invoice will be sent via email with instructions to submit a credit card payment online. A 3.5% nonrefundable processing fee will be added to all credit card payments.

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.....