

APPLICATION AND CONTRACT FOR CORPORATE PRESENTATION

66th ASH Annual Meeting & Exposition

Meeting Dates: December 7-10, 2024

Exhibit Dates: December 7-9, 2024

San Diego Convention Center | San Diego, CA

Submit application to:

exhibitcontracts@spargoinc.com



Primary Contact Information

Company Name.....
Contact..... Title.....
Tel (direct)..... Email (direct).....
Address.....
City..... State..... Zip..... Country.....

Corporate Presentation Fees

Speakers for all Corporate Presentations must be a staff representative of exhibiting company. Third-party speakers are not permitted. Presentation date and time will be assigned by ASH. Presentation times are subject to change.

Product Theater

In-Person Only - \$96,000

Industry Theater

In-Person Only - \$96,000

Company Showcase

Clinical Trial Showcase

In-Person Only - \$15,500

Virtual Exhibitor Add-On (pre-recorded)

Virtual Access Add-On - \$25,000

Virtual Access Add-On - \$25,000

Virtual Access Add-On - \$5,000

In-Person Only Exhibitor Add-On (pre-recorded)

Virtual Access Add-On - \$30,000

Virtual Access Add-On - \$30,000

Virtual Access Add-On - \$10,000

Payment Information

Deposit and Payment Schedule

February 1, 2024...50% due for applications submitted prior to February 1, 2024

February 1, 2024 – June 3, 2024...50% due with application

After June 3, 2024...100% due with application

ASH requires payment in full no later than June 4, 2024. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit application to:

Email: exhibitcontracts@spargoinc.com

Need Help? Contact:

ashexhibits@spargoinc.com

703-631-6200 | 800-564-4220

Cancellation Penalties

Cancellation Penalties

Through January 31, 2024...0%

February 1, 2024 – June 3, 2024...50%

After June 3, 2024...100%

Make checks payable to: ASH (Reference Invoice Number on check)
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 applicable *Guidelines*. 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.....