

APPLICATION AND CONTRACT FOR REGISTRANT LIST



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

Contact Information

Company Name..... Contact.....
Tel (direct)..... Mobile (required).....
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, credentials, organization, city, state, country, and meeting format registration type.)

For-Profit Rates

- U.S. Names Only – \$3,675
International Names Only – \$2,975
International and U.S. Names – \$4,875

Non-Profit Rates

- U.S. Names Only – \$1,800
International Names Only – \$1,200
International and U.S. Names – \$2,350

FSS Rate

- International and U.S. Names – \$2,350

Add-On Opportunity Rate

- Updated List (end of November) – \$1,025

Payment Information

Table with 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.

Cancellation Penalties

Table with 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.

Submit application to:
Email: exhibitcontracts@spargoinc.com

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

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.

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