

APPLICATION AND CONTRACT FOR SUPPORT OPPORTUNITIES



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@spargo.com

Contact Information

Company Name.....

Company Name for Supporter Recognition on All Materials.....

Agency Name (if applicable).....

Contact..... Title.....

Tel (direct)..... Mobile (required).....

Email (direct)..... Address.....

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

Support Opportunities

Support Opportunity: _____ Cost: \$ _____

Support Opportunity: _____ Cost: \$ _____

Support Opportunity: _____ Cost: \$ _____

Support Opportunity: _____ Cost: \$ _____

Total Cost: \$ _____ Special requests / Notes: _____

Opportunities are exclusive to confirmed exhibitors. All benefits related to inclusion in printed materials and signage are based on the Supporter meeting print and production deadlines that will be outlined in Supporter confirmation and fulfillment email. The Supporter's primary contact person will receive all correspondence pertinent to your support opportunity, including the confirmation and fulfillment email, and will be responsible for completing and returning items by the stated deadlines.

- ASH agrees to acknowledge support from the commercial supporter in program materials using the standard company logo only.
Upon request, ASH will furnish the commercial supporter a report concerning the expenditure of the funds provided.
Both parties agree to abide by all requirements of the PhRMA Code on Interactions with Healthcare Professionals.
Upon reasonable notice, ASH agrees to allow supporter access to expense records related to the activity for a period of three (3) years.

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: exhibitcontracts@spargo.com

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

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.

Cancellation Penalties

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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: 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

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.....