

APPLICATION AND CONTRACT FOR EXHIBIT



67th ASH Annual Meeting & Exposition

Meeting Dates: December 6-9, 2025
Exhibit Dates: December 6-8, 2025
Orange County Convention Center | Orlando, FL

Submit application to:
exhibitcontracts@spargoinc.com

Contact Information

Company Name.....
Contact..... Title.....
Tel (direct)..... Mobile (required).....
Email (direct)..... Web Site
Address.....
City..... State..... Zip..... Country.....

Exhibitor Opportunities

In-person Exhibit

Island Space - \$122.00 per sq. ft. Inline Space - \$110.00 per sq. ft. Inline Corner Premium - \$700 per open corner

Size: (min. 10' x 10') Preferences: 1st 2nd 3rd Booth Cost: \$

Virtual Exhibit

\$10,000

Total Cost of All Items: \$

We are interested in Support Opportunities We are interested in Exhibitor Meeting Rooms
(Show Management will contact you with application and contract)

Payment Information

Table with 2 columns: Deposit and Payment Schedule. Rows include: January 30, 2025...50% due for applications submitted prior to January 30, 2025; January 30, 2025 - June 2, 2025...50% due with application; After June 2, 2025...100% due with application; ASH requires full payment no later than June 3, 2025. Failure to make payments does not release the contracted or financial obligation of Exhibitor. A late fee of 5% will be assessed on amounts past due by over 30 days.

Cancellation Penalties

Table with 2 columns: Cancellation Penalties. Rows include: Prior to January 30, 2025...0%; January 30, 2025 - June 2, 2025...50%; After June 2, 2025...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 ASH Exhibitor 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 exhibit application will become a contract upon Exhibitor's authorized signature and ASH's acceptance and approval.

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