

APPLICATION AND CONTRACT FOR CORPORATE PRESENTATION

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



Primary Contact Information

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

Corporate Presentation Fees

Presentation date and time will be assigned by ASH. Presentation times are subject to change. Refer to specific presentation guidelines for speaker eligibility rules.

Product Theater

In-Person Only - \$105,000

Industry Theater

In-Person Only - \$105,000

Company Showcase

Clinical Trial Showcase

In-Person Only - \$16,500

Virtual Exhibitor Add-On (pre-recorded)

Virtual Access Add-On - \$30,000

Virtual Access Add-On - \$30,000

Virtual Access Add-On - \$5,000

Industry Forum

In-Person Only - \$135,000

Payment Information

Deposit and Payment Schedule
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.

Submit application to:

Email: exhibitcontracts@spargoinc.com

Need Help? Contact:

ashexhibits@spargoinc.com
 703-631-6200 | 800-564-4220

Cancellation Penalties

Cancellation Penalties
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.

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 presentation *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.....