

APPLICATION AND CONTRACT FOR EXHIBITOR MEETING ROOM



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..... Tel (direct).....
 Mobile (required)..... Email (direct).....
 Address

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

Exhibitor Meeting Rooms *(Rates apply to ASH Exhibitors only)*

Meeting Rooms will be available Friday, December 5 through Monday, December 8. Hours may vary. Please note that group presentations to attendees will not be permitted in these areas.

Convention Center Hall A - Includes a hard-walled meeting room with lockable door, ceiling, standard electric, and a company identification sign. *Floor plan subject to change without notice.*

20'x20' – \$52,500

of Rooms: _____ Preferences: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

Total Cost: \$ _____

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 payment in full 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.

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: 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 *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 application will become a contract upon Exhibitor's authorized signature and ASH's acceptance and approval.

Exhibitor Signature..... Date.....

Printed Name..... Telephone.....