

APPLICATION AND CONTRACT FOR ATTENDEE REFERENCE LIST



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.....
Email to Receive List.....

Attendee Reference List (The attendee reference 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 - \$3,750
International Names Only - \$2,975
International and U.S. Names - \$4,975

Non-Profit Rates

- U.S. Names Only - \$1,800
International Names Only - \$1,200
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:
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.

Cancellation Penalties

Table with 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.

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

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