

APPLICATION AND CONTRACT FOR VIRTUAL 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.....

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	Industry Theater	Company Showcase Clinical Trial Showcase
<input type="checkbox"/> Pre-Recorded - \$105,000	<input type="checkbox"/> Pre-Recorded - \$105,000	<input type="checkbox"/> Pre-Recorded - \$16,500

<p>Payment Information</p> <table border="1"> <tr> <th style="text-align: center;">Deposit and Payment Schedule</th> </tr> <tr> <td style="text-align: center;">January 30, 2025...50% due for applications submitted prior to January 30, 2025</td> </tr> <tr> <td style="text-align: center;">January 30, 2025 – June 2, 2025...50% due with application</td> </tr> <tr> <td style="text-align: center;">After June 2, 2025...100% due with application</td> </tr> <tr> <td>ASH requires full payment no later than June 3, 2025. Failure to make payments does not release the contracted or financial obligation of Exhibitor.</td> </tr> </table> <p>Submit application to: Email: exhibitcontracts@spargoinc.com</p> <p>Need Help? Contact: ashexhibits@spargoinc.com 703-631-6200 800-564-4220</p>	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.	<p>Cancellation Penalties</p> <table border="1"> <tr> <th style="text-align: center;">Cancellation Penalties</th> </tr> <tr> <td style="text-align: center;">Prior to January 30, 2025...0%</td> </tr> <tr> <td style="text-align: center;">January 30, 2025 – June 2, 2025...50%</td> </tr> <tr> <td style="text-align: center;">After June 2, 2025...100%</td> </tr> </table> <p>Make checks payable to: ASH (Reference Invoice Number on check) ASH Tax ID: 23-7080568</p> <p>Mail check payment to: American Society of Hematology - Exhibits P.O. Box 70705 ♦ Philadelphia, PA 19176-0705</p> <p>Overnight check payment to: American Society of Hematology - Box 70705 - Exhibits Attn: Box 70705 400 White Clay Center Drive ♦ Newark, DE 19711</p> <p>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.</p>	Cancellation Penalties	Prior to January 30, 2025...0%	January 30, 2025 – June 2, 2025...50%	After June 2, 2025...100%
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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.....