

APPLICATION AND CONTRACT FOR SUPPORT OPPORTUNITIES



2024 Highlights of ASH® in North America

Seattle, WA | Chicago, IL | Washington, DC | New York, NY

Submit application to: exhibitcontracts@spargoinc.com

Contact Information

Company Name, Agency Name, Contact, Job Title, Tel, Mobile, Email, Web Site, Address, City, State, Zip, Country

Support Opportunities

Support Opportunity, Cost, Total Cost, Special requests / Notes

Opportunities are exclusive to confirmed exhibitors. All benefits are based on the Supporter adhering to deadlines...

- ASH agrees to acknowledge support from the commercial supporter in program materials using the standard company logo only. Upon request, ASH will furnish the commercial supporter a report concerning the expenditure of the funds provided. Both parties agree to abide by all requirements of the PhRMA Code on Interactions with Healthcare Professionals. Upon reasonable notice, ASH agrees to allow supporter access to expense records related to the activity for a period of three (3) years.

Payment Information

Cancellation Penalties

Table with 1 column: Deposit and Payment Schedule. Row 1: Payment in full due with application. Row 2: Supporter must submit full payment with application. Failure to make payments does not release the contracted or financial obligation of Supporter.

Table with 1 column: Cancellation Penalties. Row 1: 100% cancellation penalty

Submit application to: Email: exhibitcontracts@spargoinc.com

Need Help? Contact: ashexhibits@spargoinc.com 703-631-6200 | 800-564-4220

Make checks payable to: ASH (Reference Invoice Number on check) ASH Tax ID: 23-7080568

Mail check payment to: American Society of Hematology – HOA Exhibits P.O. Box 70705 • Philadelphia, PA 19176-0705

Overnight check payment to: American Society of Hematology - Box 70705 – HOA Exhibits Attn: Box 70705 400 White Clay Center Drive • Newark, DE 19711 Tel: 202-776-0544

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 Supporter, I have received, reviewed, and agree that Supporter will comply with the Rules and Regulations. Failure to adhere to these guidelines will result in denial of future participation.

Supporter Signature, Date, Printed Name, Telephone