



ASH Meeting on Hematologic Malignancies: A Virtual Experience

August 27-September 12, 2020

APPLICATION DEADLINE: Monday, August 3, 2020

Submit application to: exhibitcontracts@spargoinc.com

Primary Contact Information

Exhibitor Name

Contact Title.....

Tel Email

Address

City State Zip Country

Product Theater Information *(If additional space is needed, please attach a second page.)*

Title

Presenter's Name & Title

Description

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Product Theater Opportunities

Includes a pre-recorded program no longer than 30 minutes in length. Product theaters are solely promotional in nature and continuing medical education credits may not be offered. Upgrade to promote your theater with a 1440x300 pixel rotating banner ad on the meeting exhibits page.

Product Theater \$12,500

Exhibits Page Rotating Banner Ad \$2,500

Payment Information

Cancellation Penalties

| Payment Schedule |
|------------------------------------|
| Payment in full due upon approval. |

| Cancellation Penalties |
|---------------------------|
| 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

ASH Tax ID: 23-7080568

Mail check payment to:

American Society of Hematology – MHM Exhibits
P.O. Box 204 ♦ Lewiston, ME 04243-0061

Overnight check payment to:

Deluxe ♦ Attn: Jenn Dudzic
168 Lisbon Street Lewiston, ME 04240
Tel: 207-782-6858, ext. 7428

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the [Product Theater Guidelines](#). Failure to adhere to these guidelines will result in denial of future participation. Exhibitor agrees to receive all written and electronic correspondence from ASH, SPARGO, Inc. and official event contractors in reference to the ASH Meeting on Hematologic Malignancies: A Virtual Experience, and all future ASH events. This virtual product theater application will become a contract upon Exhibitor's authorized signature and ASH's acceptance and approval.

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

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