



ASH Meeting on Hematologic Malignancies: A Virtual Experience

August 27-September 12, 2020

Submit application to: exhibitcontracts@spargoinc.com

Contact Information

Company Name (used for all recognition).....
 Contact..... Title.....
 Tel..... Mobile.....
 Email..... Website.....
 Address.....
 City..... State..... Zip..... Country.....

Virtual Exhibit Opportunities

Platinum Level - \$10,000

- Virtual Exhibits Page Button with Logo
- Company Name
- Website URL
- Address
- Company Logo
- Social Media Platform Links
- Representative Contact Email Address
- Company, Product, or Service Banner
- 800 Character Description
- Five Product and Service Categories
- Four Company, Product, or Service Images
- Three Flash Videos (Five-minute maximum)
- Five PDFs
- Opportunity to Network with Attendees
- Four Complimentary Virtual Meeting Registrations
- Complimentary Attendee Mailing List
- Opportunity to Host a Product Theater

Gold Level - \$5,000

- Virtual Exhibits Page Button
- Company Name
- Website URL
- Address
- Company Logo
- Social Media Platform Links
- Representative Contact Email Address
- Company, Product, or Service Banner
- 600 Character Description
- Three Product and Service Categories
- Two Corporate, Product, or Service Images
- One Flash Video (Five-minute maximum)
- Two PDFs
- Opportunity to Network with Attendees
- Two Complimentary Virtual Meeting Registrations
- Complimentary Attendee Mailing List

Virtual exhibitors will receive a confirmation email including a password to input and update your listing in the Exhibitor Resource Center. Information may be updated any time through September 12, 2020. All content is subject to ASH approval. ASH reserves the right to make changes to content. It is the responsibility of exhibiting company contact to ensure information is submitted accurately.

Payment Information

Deposit and Payment Schedule
Payment in full due with application
ASH requires payment in full with this application. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit application to:

Email: exhibitcontracts@spargoinc.com

Need Help? Contact:

ashexhibits@spargoinc.com
 703-631-6200 | 800-564-4220

Cancellation Penalties

Cancellation Penalties
100% cancellation penalty

Make checks payable to: ASH

ASH Tax ID: 23-7080568

Mail check payment to:

American Society of Hematology – MHM Exhibits
 P.O. Box 37579 • Baltimore, MD 21297-3579

Overnight check payment to: BB&T

Attn: Lockbox # (P.O. Box 37579)
 16410 Heritage Blvd., 2nd floor • Bowie, MD 20716

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the [Rules and Regulations](#). 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 exhibit application will become a contract upon Exhibitor's authorized signature and ASH's acceptance and approval.

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