

APPLICATION AND CONTRACT FOR VIRTUAL PRODUCT THEATER



2021 ASH® Meeting on Hematologic Malignancies

In-Person: September 10-11, 2021 • Hilton Chicago • Chicago, Illinois

Virtual: September 10 – October 8, 2021

APPLICATION DEADLINE: Tuesday, August 10, 2021

Submit application to: [ashexhibits@spargoinc.com](mailto:ashexhibits@spargoinc.com)

Contact Information

Exhibitor Name .....
Contact..... Title.....
Tel..... Email.....
Address.....
City..... State..... Zip..... Country.....

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

Title .....
Presenter's Name & Title.....
Description.....

Product Theater Opportunities

Includes a program no longer than 60 minutes in length including live Q&A. Two theaters will take place during each time slot for both the live broadcast and pre-recorded programs. Product Theaters must focus on the clinical benefit or science of an approved product and are solely promotional in nature. Continuing medical education credits may not be offered.

- Live Broadcast Product Theater - \$17,500
Pre-recorded Product Theater - \$12,500
Friday, September 10 at 12:00 p.m.
Friday, September 10 at 5:30 p.m.
Saturday, September 11 at 12:00 p.m.
Saturday, September 11 at 5:30 p.m.

Payment Information

Table with 1 column: Deposit and Payment Schedule. Content: Payment in full due upon approval. Exhibitors must submit full payment with application. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Cancellation Penalties

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

Submit application to:
Email: [ashexhibits@spargoinc.com](mailto:ashexhibits@spargoinc.com)

Need Help? Contact:
[ashexhibits@spargoinc.com](mailto: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 70705 • Philadelphia, PA 19176-0705

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

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 and all future ASH events. This Product Theater application will become a contract upon Exhibitor's authorized signature and ASH's acceptance and approval.

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