



2023 ASH Summit on Immunotherapies for Hematologic Diseases

Meeting Dates: March 2-3, 2023
Omni Shoreham ~ Washington, DC

Submit application to:
exhibitcontracts@spargoinc.com

Contact Information

Company Name.....
 Contact..... Title.....
 Tel..... Mobile.....
 Email..... Web Site.....
 Address.....
 City..... State..... Zip..... Country.....

Exhibitor Opportunities (Includes six-foot tabletop, two chairs, wastebasket, company description provided to meeting attendees, Tier #3 Priority Points, and three complimentary badges).

In-person Exhibit

Tabletop Exhibit - \$10,500

Total Cost of All Items:

Support Opportunities

\$ _____

Registration Confirmation – \$5,000 (*Exclusive Opportunity*)

Corporate Presentation – \$5,000 (*Limited Opportunities*)

Payment Information

Deposit and Payment Schedule
Payment in full due with application
Exhibitors must submit full payment with 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 – SIHD Exhibits
P.O. Box 70705 • Philadelphia, PA 19176-0705

Overnight check payment to:
American Society of Hematology - Box 70705 – SIHD 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 Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the *Rules and Regulations*. Exhibitor agrees to receive all written and electronic correspondence from ASH, SPARGO, Inc. and official event contractors in reference to the ASH Summit on Immunotherapies for Hematologic Diseases 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.....