

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

ASHP 2020 Summer Meetings & Exhibition

Meeting Dates: June 6 - 10, 2020

Exhibit Dates: June 7 - 9, 2020

Washington State Convention Center ~ Seattle, Washington



Contact Information

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

Exhibitor Opportunities

☐ Space Rate – \$34.00 per square foot Size: _____ (min. 10' x 10') Booth Cost: \$_____
Booth # Preferences: 1st Choice _____ 2nd Choice _____ 3rd Choice _____ ☐ Executive Suite – \$5,000
☐ Enhanced Exhibitor Listing - \$520 (Onsite rate: \$450) ☐ Premium Exhibitor Listing – \$1,000 (Onsite rate: \$850)
Total Cost of All Items: \$_____

Payment Information

Deposit and Payment Schedule
Through August 7, 2019....0% due w/ application
August 8, 2019 - January 16, 2020....50% due w/application (Remaining balance due January 17, 2020 for all applications)
After January 16, 2020....100% due
ASHP requires payment in full no later than January 17, 2020 Failure to make payments does not release the contracted or financial obligation of the Exhibitor.

Submit application to:

Email: exhibitcontracts@spargoinc.com

Need Help? Contact:

ashpexhibits@spargoinc.com

703-631-6200 | 800-564-4220

Cancellation Penalties

Cancellation Penalties
Through August 7, 2019....0%
August 8, 2019 - January 16, 2020....50% nonrefundable
After January 16, 2020....100% nonrefundable

Make checks payable to:

American Society of Health-System Pharmacists

MAIL LOCKBOX ADDRESS

American Society of Health-System Pharmacists
PO BOX 38065
Baltimore, MD 21297-8065

OVERNIGHT LOCKBOX ADDRESS

American Society of Health-System Pharmacists
Attn: Lockbox 38065
1307 Walt Whitman Drive
Melville, NY 11747

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the ASHP Rules and Regulations Governing Exhibits. Exhibitor agrees to receive all written and electronic correspondence from ASHP, SPARGO, Inc. and official event contractors in reference to the 2020 ASHP Summer Meetings & Exhibition and all future ASHP events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ASHP's acceptance and approval.

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

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