

# APPLICATION AND CONTRACT FOR PROMOTIONAL OPPORTUNITY

## 2018 ASCP Forum

Meeting & Exhibit Dates: May 17-18, 2018  
Renaissance Arlington Capital View Hotel – Arlington, VA

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**Contact Information**

Company Name.....

Contact..... Title.....

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Web Site ..... Address.....

City..... State..... Zip..... Country.....

**Promotional Opportunity**

Opportunity 1: \_\_\_\_\_

Opportunity 2: \_\_\_\_\_

Opportunity 3: \_\_\_\_\_

**Additional Opportunities:**

Premium Exhibitor Listing Upgrade - \$500

Pre-Registration Attendee Mailing List - \$1,000

**Total Cost \$** \_\_\_\_\_

Initials	Deposit and Payment Schedule
	Through January 4, 2018...50% due w/ application
	After January 4, 2018 ...Payment in full w/ application
	ASCP requires payment in full no later than January 5, 2018. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

  

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

**Need help? Contact:**  
[ascpexhibits@spargoinc.com](mailto:ascpexhibits@spargoinc.com)  
703-631-6200 | 800-564-4220

Cancellation Penalties	Initials
Through January 4, 2018 – 50%	
After January 4, 2018 –100%	

**Checks payable to:**  
American Society of Consultant Pharmacists

**Mail payments to:**  
ASCP Exposition Management, c/o SPARGO, Inc.  
11208 Waples Mill Road, Suite 112 ♦ Fairfax, VA 22030

**Credit card payments:**  
An invoice will be sent within one business day with instructions to submit credit card payment online.

I acknowledge that, as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the 2018 ASCP Forum Exhibitor Terms and Conditions. Exhibitor agrees to receive all written and electronic correspondence from ASCP and SPARGO, Inc. in reference to the ASCP Forum and all future ASCP events. This exhibit space application will become a contract upon Exhibitor’s authorized signature and ASCP’s acceptance and approval.

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

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