

# ASHP 2018 Summer Meetings & Exhibition

Meeting Dates: June 2-6, 2018

Exhibit Dates: June 3-5, 2018

Colorado Convention Center ~ Denver, Colorado



## Contact Information

Company Name.....  
 Contact..... Title.....  
 Tel..... Fax.....  
 Email..... Web Site .....

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

## Exhibitor Opportunities

Space Rate – \$32.00 per square foot    Size: \_\_\_\_\_ (min. 10' x 10')    Booth Cost: \$ \_\_\_\_\_  
 Booth # Preferences: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_     Executive Suite – \$3,150

Enhanced Exhibitor Listing - \$495     Premium Exhibitor Listing – \$950    Total Cost of All Items: \$ \_\_\_\_\_

We are interested in:  Registration Bag Inserts     Mailing Lists / Email Options     Product Theater  
 Business and Social Functions     Donating to the ASHP Research and Education Foundation

## Payment Information

Deposit and Payment Schedule
Through August 7, 2017....0% due w/ application
August 8, 2017 - January 17, 2018....50% due w/application (Remaining balance is due on January 18, 2017 on all applications)
After January 17, 2018....100% due
<b>ASHP requires payment in full no later than January 18, 2018. Failure to make payments does not release the contracted or financial obligation of the Exhibitor.</b>

## Cancellation Penalties

Cancellation Penalties
Through August 7, 2017....0%
August 8, 2017 – January 17, 2018....50% nonrefundable
After January 17, 2018....100% nonrefundable

**Make checks payable to:** American Society of Health-System Pharmacists

**Mail payments to:**  
 American Society of Health-System Pharmacists - Exhibits  
 P.O. Box 75571 • Baltimore, MD 21275-5487  
 Note: Federal Express will not deliver to P.O. boxes.  
 Tel: 800-564-4220 • Fax: 703-563-2691  
 Email: exhibitcontracts@spargoinc.com

## Credit Card Payment

Visa     MasterCard     American Express

Card Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Card Billing Address: \_\_\_\_\_

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 and SPARGO, Inc. in reference to the 2017 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.....

## Show Management Use

Authorized ASHP Signature..... Date.....  
 Account Number..... Assigned Booth Number..... Size.....