

**APPLICATION AND CONTRACT FOR SPONSORSHIP**

**2018 ASHP Summer Meetings & Exhibition**

Meeting Dates: June 2-6, 2018  
 Exhibit Dates: June 3-5, 2018  
 Colorado Convention Center ~ Denver, CO



**Contact Information**

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

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

**Sponsorship Opportunities**

Opportunity: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_  
 Opportunity: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

*All benefits related to inclusion in printed materials and signage are based on the Sponsor meeting print and production deadlines. The sponsor's primary contact person will receive all correspondence pertinent to your sponsorship and will be responsible for completing and returning items by the stated deadline.*

**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, 2018 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 Sponsor.</b>

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

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

**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](mailto:exhibitcontracts@spargoinc.com)

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Sponsor will comply with the [ASHP Rules and Regulations Governing Exhibits](#). Sponsor agrees to receive all written and electronic correspondence from ASHP and SPARGO, Inc. in reference to the 2018 ASHP Summer Meetings & Exhibition and all future ASHP events. This sponsorship application will become a contract upon Sponsor'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.....