

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

2018 ASHP Midyear Meeting & Exhibition

Meeting Dates: December 2-6, 2018
 Exhibit Dates: December 3-5, 2018
 Anaheim Convention Center ~ Anaheim, CA



[Click Here to Submit Via Email](#)

Contact Information

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

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

Exhibitor Opportunities

Space Rate – \$44.00 per sq. ft. Corner – \$235 per corner Island Corner Premium – \$1,000 Exec. Ste. – \$8,000
 Size: _____ (min. 10'x10') Booth Cost: \$_____ Preferences: 1st _____ 2nd _____ 3rd _____
 Enhanced Listing – \$735/\$625 onsite Premium Listing – \$1,525/\$1,296 onsite VIP Demo – \$4,050
 Total Cost of All Items: \$_____

Payment Information

Cancellation Penalties

Deposit and Payment Schedule
February 14, 2018... 50% due for applications submitted prior to February 15, 2018, balance due April 17, 2018
February 14, 2018 - April 16, 2018 50% due with application, balance due April 17, 2018
After April 16, 2018....100% due with application
ASHP requires payment in full no later than April 17, 2018. Failure to make payments does not release the contracted or financial obligation of the Exhibitor.

Cancellation Penalties
Through February 13, 2018...No Cancellation Fee
February 14, 2018 – April 16, 2018... 50% of Exhibit Space Rental Fee
After April 16, 2018.....100% of Exhibit Space Rental Fee

Submit application to:
 Email: exhibitcontracts@spargoinc.com

Need Help? Contact:
ashpexhibits@spargoinc.com
 703-631-6200 | 800-564-4220

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

Mail payments to:
 American Society of Health-System Pharmacists
 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

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 ASHP Midyear Meeting & 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.....