

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

2017 ASCP Forum

Meeting & Exhibit Dates: May 3-4, 2017
Crystal Gateway Marriott – Arlington, VA

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Contact Information

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

Tabletop Space Rates

Floor plan subject to change without notice. Exhibitors are limited to tabletop displays only. Freestanding displays are not permitted. Rates include one 6-ft. table, two chairs, carpet, two complimentary full Forum registrations, general lighting and heating/air conditioning, and general perimeter security service.

\$2,500 – Standard Space Rate

Additional Opportunities:

- Premium Exhibitor Listing Upgrade - \$500
- Pre-Registration Attendee Mailing List - \$1,000

Total Cost \$ _____

Payment Information

Initials	Deposit and Payment Schedule
	Through January 4, 2017...50% due w/ application
	After January 4, 2017 ...Payment in full w/ application
	ASCP requires payment in full no later than January 5, 2017. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Cancellation Penalties

Cancellation Penalties	Initials
Through January 4, 2017 – 50%	
After January 4, 2017 –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
Tel: 800.564.4220 ♦ Fax: 703.563.2691
Email: exhibitcontracts@spargoinc.com

Credit Card Payment

- Visa MasterCard American Express

Card Number: _____ Security Code _____ 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 2017 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.....