

APPLICATION AND CONTRACT FOR SPONSORSHIP

2017 ASCP Forum

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

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Submit Via Email



Contact Information

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

Supporter Levels & Benefits

- PLATINUM SUPPORTER - \$10,000** (Complimentary registration to Forum for up to 4 guests • Provided with the event registration list (name, city, state) • Closed networking session with ASCP CEO and leadership • One complimentary attendee registration to 2017 Annual Meeting • Listed in all announcements to the press and media • Logo printed on event invitation, program, website, and signage)
- GOLD SUPPORTER - \$7,500** (Complimentary registration to Forum for up to 3 guests • Provided with the event registration list (name, city, state) • Listed in all announcements to the press and media • Logo printed on event invitation, program, website, and signage)
- SILVER SUPPORTER - \$5,000** (Complimentary registration to Forum for up to 2 guests • Provided with the event registration list (name, city, state) • Listed in all announcements to the press and media • Name listed on event invitation, program, website, and signage).
- SUPPORTER - \$1500** (Complimentary registration to Forum for up to 1 guest • Listed in all announcements to the press and media • Name listed on event invitation, program, website, and signage).

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 sponsorship application will become a contract upon Exhibitor's authorized signature and ASCP's acceptance and approval.

Exhibitor Signature..... Date.....
 Printed Name..... Telephone.....