

# APPLICATION AND CONTRACT FOR CORPORATE PRESENTATION

## 68th ASH Annual Meeting & Exposition

Meeting Dates: December 12-15, 2026

Exhibit Dates: December 12-14, 2026

Ernest N. Morial Convention Center | New Orleans, LA

Submit application to:

[ashexhibits@spargoinc.com](mailto:ashexhibits@spargoinc.com)



### Primary Contact Information

Company Name.....  
Contact..... Title.....  
Tel (direct)..... Email (direct).....  
Address.....  
City..... State..... Zip..... Country.....

### Corporate Presentation Fees

Presentation date and time will be assigned by ASH. Presentation times are subject to change. Refer to specific presentation guidelines for session policies and speaker eligibility rules.

#### Product Theater

☐ In-Person Only - \$110,000

#### Industry Theater

☐ In-Person Only - \$110,000

#### Company Showcase

#### Clinical Trial Showcase

☐ In-Person Only - \$18,000

#### Virtual Exhibitor Add-On (pre-recorded)

☐ Virtual Access Add-On - \$30,000

☐ Virtual Access Add-On - \$30,000

☐ Virtual Access Add-On - \$5,000

#### Industry Forum

☐ In-Person Only - \$137,500

### Payment Information

#### Deposit and Payment Schedule

January 28, 2026...50% due for applications submitted prior to January 28, 2026

January 28, 2026 – June 2, 2026...50% due with application

After June 2, 2026...100% due with application

**ASH requires full payment no later than June 3, 2026. Failure to make payments does not release the contracted or financial obligation of Exhibitor. A late fee of 5% will be assessed on amounts past due by over 30 days.**

Submit application to:

Email: [ashexhibits@spargoinc.com](mailto:ashexhibits@spargoinc.com)

Need Help? Contact:

[ashexhibits@spargoinc.com](mailto:ashexhibits@spargoinc.com)

703-631-6200 | 800-564-4220

### Cancellation Penalties

#### Cancellation Penalties

Prior to January 28, 2026...0%

January 28, 2026 – June 2, 2026...50%

After June 2, 2026...100%

**Make checks payable to:** ASH (Reference Invoice Number on check)  
ASH Tax ID: 23-7080568

**Mail check payment to:**

American Society of Hematology - Exhibits  
P.O. Box 70705 ♦ Philadelphia, PA 19176-0705

**Overnight check payment to:**

American Society of Hematology - Box 70705 - Exhibits  
Attn: Box 70705  
400 White Clay Center Drive ♦ Newark, DE 19711

**Credit Card Payments:**

An invoice will be sent via email with instructions to submit a credit card payment online. A 3.5% nonrefundable processing fee will be added to all credit card payments.

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the applicable *Presentation Guidelines*. Exhibitor agrees to receive all written and electronic correspondence from ASH, SPARGO, Inc. and official event contractors in reference to the ASH annual meeting and all future ASH events. This application will become a contract upon Exhibitor's authorized signature and ASH's acceptance and approval.

Exhibitor Signature..... Date.....

Printed Name..... Telephone.....