APPLICATION AND CONTRACT FOR EXHIBITOR MEETING ROOM

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

Contact Information

Company Name……

Contact…… Tel (direct)……

Mobile (required)…… Email (direct)……

Address ……

City…… State…… Zip……Country……

Exhibitor Meeting Rooms (*Rates apply to ASH Exhibitors only)*

Meeting Rooms will be available Friday, December 11 through Monday, December 14. Hours may vary. Please note that group presentations to attendees will not be permitted in these areas.

☐ **Convention Center Hall A** – $57,500 (Includes a 20'x20' hard-walled meeting room with lockable door, carpet, standard electric, and a company identification sign. *Floor plan subject to change without notice.)*

# of Rooms: _____ Total Cost: _____ Preferences: 1st _____ 2nd _____ 3rd _____ 4th_____

☐ **Hotel Meeting Room** - $57,500

# of Rooms: _____ Total Cost: _____ Preferences: 1st _____ 2nd _____ 3rd _____ 4th_____

Total Cost of all Exhibitor Meeting Rooms: $_____

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 payment in full 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

Need Help? Contact:
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: 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 *ASH Exhibitor Rules and Regulations.* 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……