

APPLICATION AND CONTRACT FOR ATTENDEE REFERENCE LIST

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.....

Email to Receive List.....

Attendee Reference List *(The attendee reference list will be available the first week of November and is for reference purposes only. The list contains registrant name, credentials, organization, city, state, country, and meeting format registration type.)*

For-Profit Rates

☐ U.S. Names Only – \$3,850

☐ International Names Only – \$3,050

☐ International and U.S. Names – \$5,050

Non-Profit Rates

☐ U.S. Names Only – \$1,850

☐ International Names Only – \$1,225

☐ International and U.S. Names – \$2,400

Add-On Opportunity Rate

☐ Updated List (end of November) – \$1,050

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

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: 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.....