

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

2019 ASCP Forum

Meeting & Exhibit Dates: April 17-18, 2019
 Washington Hilton | Washington, DC

[Click Here to Submit Via Email](#)



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
- \$2,000 – Discounted 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 3, 2019...50% due w/ application
	After January 3, 2019 ...Payment in full w/ application
	ASCP requires payment in full no later than January 4, 2019. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit application to:
 Email: exhibitcontracts@spargoinc.com

Need help? Contact:
ascpexhibits@spargoinc.com
 703-631-6200 | 800-564-4220

Cancellation Penalties

Cancellation Penalties	Initials
Through January 3, 2019 – 50%	
After January 3, 2019 –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

Credit card payments:
 An invoice will be sent within one business day with instructions to submit credit card payment online.

I acknowledge that, as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the 2019 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.....

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

2019 ASCP Forum

Meeting & Exhibit Dates: April 17-18, 2019
Washington Hilton | Washington, DC

[Click Here to Submit Via Email](#)



Contact Information

Company Name.....

Contact..... Title.....

Tel..... Fax..... Email.....

Web Site..... Address.....

City..... State..... Zip..... Country.....

Promotional Opportunity

1. _____

2. _____

3. _____

Premium Exhibitor Listing Upgrade - \$500

Pre-Registration Attendee Mailing List - \$1,000

Total Cost \$ _____

Initials	Deposit and Payment Schedule	Cancellation Penalties	Initials
	Through January 3, 2019...50% due w/ application	Through January 3, 2019 – 50%	
	After January 3, 2019 ...Payment in full w/ application	After January 3, 2019 –100%	

ASCP requires payment in full no later than January 4, 2019. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit application to:
Email: exhibitcontracts@spargoinc.com

Need help? Contact:
ascpexhibits@spargoinc.com
703-631-6200 | 800-564-4220

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

Credit card payments:
An invoice will be sent within one business day with instructions to submit credit card payment online.

I acknowledge that, as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the 2019 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.....