

ASHT ANNUAL MEETING 2026 APPLICATION



PRIMARY CONTACT INFORMATION (HANDLES ALL CONFERENCE/MARKETING LOGISTICS)

Contact Name _____
 Contact Title _____
 Contact Email _____
 Contact Office Phone _____
 Contact Mobile Phone _____

I am an authorized representative of the company named above with the full power and authority to sign and deliver this application. The company listed on this application agrees to comply with all the policies, rules, terms, conditions, regulations, code of conduct contained in the exhibitor prospectus and online.

Signature _____

INFORMATION FOR PROMOTIONS AND BILLING PURPOSES (THIS WILL BE USED FOR ALL ASHT PROMOTIONS)

Company Name _____
 Address _____
 City _____ State _____ ZIP _____
 Main Phone _____ Website _____

IN-PERSON EXHIBIT PACKAGE

- 10 X 10 In-line Booth..... \$2,900 Per Qty. _____
- 10 X 10 Corner Booth..... \$3,300 Per Qty. _____

VIRTUAL EXHIBIT ONLY

- Virtual Exhibit Directory..... \$750

PEDIATRIC SPECIALTY DAY EXHIBIT BOOTH

- ASHT Exhibitor..... \$1,500
- Non-Exhibitor..... \$2,000

POCKET PROGRAM

- Back Cover\$1,750
- Inside Back Cover\$1,500
- Inside Front Cover.....\$1,500
- Full Page.....\$1,000

ADVERTISING

- Annual Meeting Website Ad\$1,200
- Mobile App Push Notification \$1,000
- Mobile App Banner Ad \$750

BRAND EXPOSURE

- Tote Bags Sponsor.....\$7,500
- Water Bottle Sponsor\$8,000
- Notepad\$4,000
- Lanyards.....\$6,000
- WiFi Sponsor\$6,000
- Hotel Key Cards.....\$6,000
- Under-Door Drop\$3,500
- Tote Bag Insert.....\$2,000
- Seat Drop\$2,000
- Headshot Studio Sponsor \$7,500
- ePoster Sponsor\$6,000

- Charging Station\$7,500
- Registration Sponsor\$5,000
- Meterboard Sign\$2,500

SPEAKING OPPORTUNITIES

- Affiliate Symposium\$5,000
- Hands-On Demonstration\$3,000

VIRTUAL AFFILIATE EVENT OPPORTUNITIES

- Learning Hour\$3,000

PAYMENT INFORMATION

Invoice me for payment by **check** or **credit card**

Please charge my **credit card** below:

Visa Master Card American Express

Name on Card _____

Account Number _____ Exp. Date _____ Security Code _____

City _____ State _____ Zip _____

Address _____

Total _____

Signature _____

Invoice me for payment by **wire transfer** or **ACH**.

It is important to note that most banks charge a service fee for wire transfers. ASHT charges a flat fee of \$25.00 USD for all payments being made by wire transfers to cover any bank service fees that are imposed. This additional amount will be reflected in your invoice.

SPONSORSHIP AND EXHIBIT APPLICATION TERMS

1. The undersigned agrees to pay 100% of all fees per the terms of this application made payable to ASHT.
2. Any company requesting to pay later than net 30 days after the receipt of invoice, agrees to pay a deposit in the amount equivalent to the cancellation processing fee.
3. All cancellations must be submitted to ASHT in writing. A refund, less a 50% cancellation fee for the cancelled space is available until June 20, 2026. After June 20, 2026 there are no refunds. All purchases after June 20, 2026 are non-refundable and non-transferrable.
4. Exhibitors/sponsors and/or advertisers are responsible for ensuring the accuracy of all advertising content. ASHT is not responsible for grammatical, spelling, or other errors appearing in the content of published advertising.
5. Advertisers assume liability for all content of published advertising and assume responsibility for all claims against ASHT resulting from their advertising.

**By exhibiting, sponsoring or registering for an ASHT program (virtual or in person), I acknowledge that all are subject to [ASHT's Program Code of Conduct Policy](#).

ASHT 2026 ADVERTISING APPLICATION

PRIMARY CONTACT INFORMATION (HANDLES ALL ADVERTISING LOGISTICS)

Contact Name _____ Contact Title _____

Contact Email _____

Contact Office Phone _____ Contact Mobile Phone _____

I am an authorized representative of the company named above with the full power and authority to sign and deliver this application. The company listed on this application agrees to comply with the terms, condition, and advertising policies contained therein by reference (collectively, the Agreement) posted on the ASHT website and all policies, adopted by the ASHT hereinafter.

Signature _____

INFORMATION FOR PROMOTIONS AND BILLING PURPOSES (ASHT MEMBER-FACING INFORMATION)

Company Name _____ Address _____

City _____ State _____ ZIP _____

Main Phone _____ Website _____

ASHT Times Magazine				
Ad Size	Rate per issue	Q1	Q2	Q3
Full Page, 8.5" x 11"	\$1,125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half-Page, Vertical, 3.75" x 10"	\$685	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half-Page, Horizontal, 7.5" x 5"	\$685	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1/4 Page, 3.75" x 5"	\$535	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASHT.org Website Advertising					
Length of Time	Slider (728x90)	Big Box Homepage (360x290)	Big Box Secondary Page (540x228)	Slider/Big Box BONUS Package	<input type="checkbox"/> Homepage <input type="checkbox"/> Secondary
3 months	<input type="checkbox"/> \$1,130	<input type="checkbox"/> \$850	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,850	
6 months	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$3,325	
12 months	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,700	

YEAR-ROUND SPONSORSHIP/ADVERTISING OPPORTUNITIES

- Vendor-Led Webinar Sponsorship \$3,500 per qty. _____
- ASHT Webinar Sponsorship \$750 per qty. _____
- Hand Therapy Week \$3,500
- Retargeting (15-day campaign) \$2,700
- Retargeting (30-day campaign) \$4,500
- Vendor Marketplace \$500 per qty. _____
- Podcast Sponsor \$850 per qty. _____
- Mobile App Sponsored Content \$1,500
- Mobile App Sponsored Poll \$1,000
- Mobile App Splash Screen Ad \$1,250
- Mobile App Display Ad \$750

Hands On eNewsletter	
Rotation	Investment
3 months / 6 Issues	<input type="checkbox"/> \$480
6 months / 12 Issues	<input type="checkbox"/> \$900
12 months / 24 Issues	<input type="checkbox"/> \$1,600

PAYMENT INFORMATION

Total \$ _____

All applications should be returned to Amanda Bray at abray@asht.org. Please contact Emmy Kelly at ekelly@ahint.com for wire transfer information or billing questions. Please be sure to include her on your 'safe sender' list to ensure you receive her emails.

- Invoice me for payment by check or credit card
- Invoice me for payment by wire transfer or ACH
ASHT charges a flat fee of \$25 USD for all payments being made by wire transfer to cover fees; No fee for ACH payments.
- Please charge my credit card below:
- Visa Master Card American Express

Name on Card _____

Account Number _____ Exp. Date _____ Security Code _____

City _____ State _____ Zip _____

Address _____

Signature _____

Payment Policies and Requirements

1. Ads will not run without up-front payment in full.
2. The undersigned agrees to pay 100% of all fees per the terms of this application made payable to ASHT.
3. Any company requesting to pay later than net 30 days after the receipt of invoice, agrees to pay a deposit in the amount of 50% of the total fee.
4. All cancellations must be submitted to ASHT in writing. 50% of total fee will be retained as a cancellation fee.
5. Advertisers are responsible for ensuring the accuracy of all advertising content. ASHT is not responsible for grammatical, spelling, or other errors appearing in the content of published advertising.
6. Advertisers assume liability for all claims of published advertising, and assume responsibility for all claims against the ASHT Times resulting from their advertising.
7. Requests for specific position are not guaranteed unless position premium has been selected in the advertising agreement.