

## Submitting Your Residency Showcase Application

1. Visit the [Residency Showcase Submit/Review Booth Applications page](#) to sign in. Input your password or create a new account to begin the process.

Use this page to submit or review your Residency Showcase Booth Applications. ▾

Log in today to:

1. Submit your application for 2022 Residency Showcase booth space.
2. Verify your contact information.
3. Provide information to help us place your program at the showcase.

Password

Stay signed in


If you submitted an application in the past, please use the same password.

Forgot your password?

No worries. We can [retrieve](#) it for you.

New Exhibitor?

[Click here](#) to create your account and access Sales Office to reserve a booth.

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2. Begin your application for booth space.
  - a. Verify company and contact information
  - b. Verify billing contact and a secondary contact if necessary
  - c. Confirm the booth name for on-site signage
  - d. Select your session preference (must list at least 2)
  - e. Select the number and size of booths you'd like
  - f. Provide any special instructions
  - g. If you are a community-based program, indicate if you'd like to be near other community-based programs
  - h. Tell us if booth size or session is prioritized
  - i. Indicate any programs you'd like to be near
  - j. Review your order detail

# Unfilled application



- Home
- Booth Application
- View Invoice/Pay Balance
- Instructions (With Screen Shots)

Home / Booth Application

### Booth Space Application

**Company Info**  
Click 'Edit' to update if this information is incorrect.

ASHP  
4500 East-West Highway  
Suite 900  
Bethesda, MD 20814  
United States  
866-279-0681  
showcase@ashp.org

Bugs Bunny  
showcase@ashp.org

[Edit](#)

**Booth Contacts**  
Choose a contact or add a new contact using the drop down menu.

Primary Contact*	Bugs Bunny	<a href="#">View/Edit</a>
Invoice Contact*	Bugs Bunny	<a href="#">View/Edit</a>
Secondary Contact	Bugs Bunny	<a href="#">View/Edit</a>

**Application Info**  
Tell us about the booth space you would like to purchase.

Booth Name (On Site Signage)\*

Date Preference 1\*

Date Preference 2\*

Date Preference 3\*

Select Quantity of 10x10 Booths

Select Quantity of 10x20 Booths

Select Quantity of 10x40 Booths

Special Instructions

If you are a community-based program, would you like to be placed within a cluster of other community-based programs within the session you are assigned?  
 Yes  
 No

Which criteria should take priority when assigning your booth(s)?\*  
 Preferred Date  
 Booth Size

Indicate any programs you would like to be placed near?

Filled application for 2 10x10 booths and one 10x20 booth



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Booth Application

Booth Space Application

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Application Info  
Tell us about the booth space you would like to purchase.

Booth Name (On Site Signage)\* ASHP

Date Preference 1\* Tuesday, December 10, 1:00 pm - 4:00 pm

Date Preference 2\* Tuesday, December 10, 8:00 am - 11:00 am

Date Preference 3\* Monday, December 9 1:00 pm - 4:00 pm

Select Quantity of 10x10 Booths 2

Select Quantity of 10x20 Booths 1

Select Quantity of 10x40 Booths 0

Special Instructions  
Additional notes

If you are a community-based program, would you like to be placed within a cluster of other community-based programs within the session you are assigned?

Yes  
 No

Which criteria should take priority when assigning your booth(s)?\*

Preferred Date  
 Booth Size

Indicate any programs you would like to be placed near?

List programs


Order Details  
Review your order details.

Order Details	Total Amount	Amount Due
Residency Showcase 10' x 10' Booth	\$895.00	\$895.00
Residency Showcase 10' x 10' Booth	\$895.00	\$895.00
Residency Showcase 10' x 20' Booth	\$1,790.00	\$1,790.00
<b>Total cost:</b> \$3,580.00		
<b>Minimum Payment Due:</b> \$3,580.00		

3. Continue your application by submitting payment

- a. Submit payment information. Your credit card will be charged at the time of purchase. If this is an issue, please email [showcase@ashp.org](mailto:showcase@ashp.org).
- b. Submit your contract information
- c. Agree to terms
- d. Submit

Payment Info  
Enter your payment details.

Amount Charged*	3580.00
Payment Method*	Pay by Credit Card
Name (as it appears on the Credit Card)*	Name on credit card
Card Number*	Card Number
Accepted Card Types	
Expiration Date*	--Select Month-- --Select Year--
CW - What's this?*	Card CSV
Address	Address
City	City
Zip	Zip

Contract Info  
The person responsible for and authorized to sign this application is:

First Name*	First Name
Last Name*	Last Name
Job Title*	Title


Terms and Conditions:

- 2024 Residency Showcase Rules and Regulations - Coming Soon
- Cancellation Policy: Withdrawal by any program from Residency Showcase will not be accepted unless written notice of such withdrawal has been received by ASHP. All payments for booth space are 50% nonrefundable, and any Residency Showcase program that withdraws after August 7, 2024, shall forfeit 100% of the full price of said Residency Showcase.

I agree with terms and conditions.

- You can now view and print your current application(s). If you'd like, you can scroll down the page and begin another application as well.

## Midyear Clinical Meeting and Exhibition



Home

Booth Application

View Invoice/Pay Balance

Instructions (With Screen Shots)

Your booth space application has been successfully submitted. You will receive an email shortly.

What are the next steps?

On August 6, 2024:

- ASHP will email the contact with their assigned session and booth number.
- You will be provided with information to access the program listing portal to post your residencies if you choose.

Please visit the [Residency Showcase Information Page](#) and [Midyear website](#) for more information as it becomes available.

Current Application(s)

ID	Booth Name	Application Date	Status	View/Print
9004	ASHP	06/17/2024	Reviewed	<a href="#">🖨️</a>

Booth Space Application

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Primary Contact\*  [View/Edit](#)

- You can always return to the [Residency Showcase Submit/Review Booth Applications page](#) to view current application(s).