



2026 ASPHO CONFERENCE ANCILLARY MEETING GUIDELINES

Companies and organizations may request to hold closed ancillary meetings in conjunction with the 2026 ASPHO Conference, scheduled between Tuesday April 29th and Saturday, May 2nd, 2026. All requests are subject to approval by ASPHO and are permitted only during specified times that do not conflict with official ASPHO-sponsored activities. Companies and organizations must adhere to this policy, regardless of the meeting location.

Acceptable purposes for ancillary meetings include internal sales/business/staff meetings, exhibitor pre-con meetings, limited advisory boards, focus groups, consultant meetings, investigator meetings, and invitation-only receptions. **Ancillary meetings during this time period with the purpose of education are strictly prohibited.**

The ASPHO 2026 fee to hold an ancillary meeting at the Annual Conference is \$2,500. For meetings that extend into 2 or more days, there will be an additional \$1,200 charge per day. All requests must be submitted via the Ancillary Meeting Request Form, included below, no less than 30 days prior to the start of the ASPHO meeting. All requests are subject to approval.

ASPHO will approve meeting requests on a first-come, first-served basis. Submitters will be notified via e-mail if your request has been approved. An invoice for payment will accompany the approval of your request and must be paid in advance of the meeting. If your request is approved, ASPHO will put the designated contact in touch with ASPHO's contact at the event site(s) to arrange meeting space and logistics. If you prefer to hold your meeting outside of the meeting hotel or convention center, you must contact the preferred property directly for space once you receive written approval from ASPHO.

Approved Meeting Times: Ancillary meetings may not be held during the same period as any formal ASPHO programming. A schedule of acceptable timeframes will be published in association with each live meeting.

Responsibilities Agreed To By Signing the Request Form

- Ancillary meeting organizers are responsible for arranging all specifics with regard to room set, audiovisual, guarantees, and food & beverage requirements.
- Organizers are responsible for all costs associated with the ancillary meeting, including hotel or convention center labor costs, audiovisual fees, equipment service, food & beverage, etc.
- Organizers will take full responsibility for the ancillary meeting and will hold harmless ASPHO, its officers, agents, and employees from any and all liability associated with the event.
- Changes in the date and/or time must first be authorized by ASPHO.
- Ancillary meeting programs are not developed, sponsored, or planned by ASPHO. The ASPHO logo, conference theme or images, or meeting schedule may not be used in any

mailing pieces, signs, advertising, or promotions in any media, either inside or outside of the convention center or meeting hotel before, during, or after the meeting. *The ASPHO name or acronym may only be used if communication is reviewed and approved in advance by ASPHO.*

- ASPHO prohibits the distribution of ancillary meeting announcements or promotional materials within the convention center or meeting hotel. Hotel room drops are only allowed through ASPHO at an additional charge for approved companies only.
- If any of ASPHO's policies are violated, ASPHO reserves the right to cancel any agreements made in connection with the ASPHO Conference. The company's status concerning future ASPHO annual conferences could also be jeopardized.

For more information, contact Rob Frey at rpfrey@aspho.org.



Ancillary Meeting Request

2026 ASPHO Conference, April 29 - May 2, 2026
Minneapolis Convention Center, Minneapolis, MN

SAVE THIS FILE TO YOUR COMPUTER BEFORE STARTING

Email form to Rob Frey at rpfrey@aspho.org.

Date of Request: _____

Please refer to Rules/Regulations for complete application requirements.

Please check the type of function space you are requesting.

Advisory Meeting

Reception/Meeting

Other: _____

Contact Information	
Contact Person	
Email	
Department	
Institution/Company	
Address	
City, State, Zip	
Phone	
Fax	

2. Event Information

Please review the program schedule before listing your choices. Functions **may not conflict** with the ASPHO Educational Program or any ASPHO sanctioned event. See conference schedule at www.aspho.org

Event Name	
Event Description	
Day/Date	
Start/End Times	

3. Commercial Sponsor

If applicable, please provide the name of the sponsor.

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4. Additional Information		Room Set Up Request:	
Expected Attendance (required)			
Food and Beverage Service	Yes	No	
Audio Visual Equipment	Yes	No	
On-Site Meeting Contact Name			Cell #:

5. Payment Information *There will be a 3% processing fee added to all charges over \$5,000*

cc# _____ exp _____ \$ _____

check # _____ \$ _____ date _____

Payable to ASPHO, PO Box 88019, Chicago, IL 60680-1019

Rules and Regulations

You are responsible for the organization of your function. You are responsible for all costs associated with the ancillary meeting, e.g. space rental, catering, audiovisual equipment, etc.

Promotion or notification of your activity is your responsibility. Promotional materials are not allowed in the Convention Center/ Hotel and will be removed.

Events are subject to approval by ***submission of this Ancillary Meeting Request Form only*** - on a first-come, first-served basis, based on date of request.

Functions may not be scheduled to compete with the events of the ASPHO Annual Meeting. No exceptions.
Please refer to meeting schedule found on the ASPHO website: www.ASPHO.org

Cancellation Policy: In the event that the requestor notifies the Association in writing of the intent to cancel the agreement after acceptance but prior to April 1, 2026 a full refund of monies received, minus a \$250 administrative fee will be made. No refunds will be made, or cancellations accepted after April 1, 2026.

We agree to pay \$2,500, plus any supplemental daily fees, to hold an Ancillary Meeting at the ASPHO 2026 Conference:

Signed By: _____ Title: _____

Date: _____

Email form to: ASPHO, Attn: Rob Frey rpfrey@aspho.org.

Payment in full is required upon approval before arrangements with the venue can be made.

(For Office Use Only):

Space Provided Yes No Venue: _____ Location: _____ Time: _____