

# Application and Contract for Exhibit Space

ASCO Oncology Practice Conference and  
ASCO Quality Care Symposium

March 2-4, 2017

Exhibit Dates: March 2-3, 2017

Hyatt Regency Grand Cypress – Orlando, Florida



Need Help? Contact [qualityexhibits@spargoinc.com](mailto:qualityexhibits@spargoinc.com) | 703-631-6200 | 800-564-4220

**Exhibit Fee: \$1995**; includes one 6' L x 42" H draped table, one stool, carpet, three complimentary full registrations for both meetings, and perimeter security service. Exhibitors are limited to tabletop displays only. Freestanding displays are not permitted.

**Step 1: Contact Information** (Contact information for the Exhibitor Directory can be provided online after your application has been approved)

Company Name for Exhibitor Directory \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**Step 2: Products or Services to be featured** (required for approval)

**Step 3: Location Preferences** (floor plan subject to change without notice)

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

**Step 4: Exhibitor Directory**

All exhibitors receive a complimentary, basic listing in the print and online Exhibitor Directory, which includes the company name, address, and website. Get the most out of your exhibit experience by upgrading to the [Premium Exhibitor Directory Listing](#). This expanded listing includes the items listed above, PLUS

- 500 character paragraph in print, online, and in the mobile app
- Company logo in the online and mobile listing
- Enhanced listing icon on online floor plan and exhibitor list

**Yes, upgrade my Exhibitor Directory listing to the Premium Listing (\$400)**

**Step 5: Payment**

Exhibit Fee: \$1995

Premium Directory Listing: \$450

Total Amount Due: \$ \_\_\_\_\_

100% payment is due with this application.

**Make checks payable to:** ASCO

**Mail payments to:** ASCO Exhibits Mgmt., c/o SPARGO, Inc. 11208 Waples Mill Road, Suite 112 ♦ Fairfax, VA 22030

Phone: 800-564-4220 ♦ Fax: 703-563-2691 ♦ Email: [exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

**Credit Card Payment**

*(Your signature authorizes your card to be charged for the total amount due. ASCO reserves the right to charge the correct amount if different from the total listed. Cardholder is responsible for any changes in the exchange rate.)*

Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ CSV#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

**Step 6: Cancellation Policy and Acknowledgement**

**No refund if exhibiting company cancels.** Cancellation of exhibit space includes cancellation of full Symposium registrations allotted with exhibit space. Full refund if meeting is canceled by the Symposium cosponsors without cause.

I acknowledge that as an authorized representative of the above stated Exhibitor, I agree to the payment and cancellation terms included in this agreement. Furthermore, I have received, reviewed, and agree that Exhibitor will comply with the [Policies for Exhibitors and Other Organizations at ASCO Meetings](#). Exhibitor agrees to receive all written and electronic correspondence from ASCO and SPARGO, Inc. in reference to the ASCO Oncology Practice Conference and the ASCO Quality Care Symposium and all future ASCO events. This exhibit space application will become a contract upon Exhibitor's authorized signature and ASCO's acceptance and approval.

Exhibitor Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

**Internal Use Only**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Acct # \_\_\_\_\_ Table # \_\_\_\_\_