

Application and Contract for Exhibit Space

Cancer Survivorship Symposium: Advancing Care and Research

Symposium Dates: January 27-28, 2017

Exhibit Date: January 27

Manchester Grand Hyatt – San Diego, CA

Cancer Survivorship Symposium: Advancing Care and Research

JANUARY 27-28, 2017 | MANCHESTER GRAND HYATT | SAN DIEGO, CALIFORNIA



Need Help? survivorexh@spargo.com | 703-631-6200 | 800-564-4220

Exhibit Fee: \$1500; includes one 6' L x 42" H draped table, one stool, carpet, three complimentary full Symposium registrations, and perimeter security service. 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)

1st Choice _____ 2nd Choice _____ 3rd 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 and online)
- Company logo in online 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: \$1500

Premium Directory Listing: \$400

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@spargo.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.

Exhibitor shall be fully responsible to pay for any and all damages to property owned by Hyatt (Manchester Grand Hyatt San Diego), its owners or managers which result from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify and hold harmless, Hyatt (Manchester Grand Hyatt San Diego), its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor's use of the property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from, out of, or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of the Exhibitor's occupancy and use of the exhibition premises, the Hotel or any part thereof.

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 Cancer Survivorship Symposium: Advancing Care and Research 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 # _____