

# APPLICATION AND CONTRACT FOR EXHIBIT SPACE

## ASCO ANNUAL MEETING

Meeting Dates: June 2-6, 2017

Exhibit Dates: June 3-5, 2017

McCormick Place ~ Chicago, Illinois

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American Society of Clinical Oncology

Making a world of difference in cancer care

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

Company Name for Exhibitor Directory and Booth Signage.....  
Contact..... Title.....  
Tel..... Fax.....  
Email..... Website.....  
Address.....  
City..... State..... Zip..... Country.....

### Section 2: Products or Services to be featured: (required for approval) .....

### Section 3: Exhibit Space Rental & Exhibitor Directory Upgrade Rates

☐ **Inline Rate:** \$36.00 per square foot

☐ **Island Rate:** \$40.00 per square foot

☐ **Corner Booth:** Additional \$400.00 per open corner for inline booths

Booth Size: \_\_\_\_\_ (min. 10'x10') Booth Cost: \$\_\_\_\_\_ Booth Preferences: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Enhance your visibility with a [premium listing](#) in the Exhibitor Directory. ☐ **Premium Listing Upgrade:** \$3,000

Exhibit Space Total \$\_\_\_\_\_ + Directory Upgrade Total \$\_\_\_\_\_ = **Total Cost \$**\_\_\_\_\_

### Section 5: Payment Information

Initials	Deposit and Payment Schedule
	September 2, 2016...50% due for applications submitted prior to September 2, 2016
	September 2, 2016 - January 26, 2017...50% due w/ application
	After January 26, 2017...Payment in full due w/ application

**ASCO requires payment in full no later than January 27, 2017. Failure to make payments does not release the contracted or financial obligation of Exhibitor.**

**Make checks payable to: ASCO**

**Credit Card Payment** (Your signature authorizes your card to be charged for the total amount due according to the schedule above. 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 #: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

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

### Section 6: Cancellation Penalties

Initials	Cancellation Penalties
	Through September 1, 2016.....0%
	September 2, 2016 - January 26, 2017.....50%
	After January 26, 2017.....100%
	Full refund if canceled by ASCO without cause

#### Mail payments to:

ASCO Exposition Mgmt., c/o SPARGO, Inc.

11208 Waples Mill Road, Suite 112 • Fairfax, VA 22030

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

### Section 7: Acknowledgement

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the *Policies for Exhibitors and Other Organizations at ASCO Meetings* available on [am.asco.org](http://am.asco.org) and that Exhibitor will comply with all updates of such policies applicable to the 2017 ASCO Annual Meeting, which will be made available in August 2016. I understand that Exhibitors must book their hotel rooms through the ASCO Annual Meeting Customer Service Center and that Exhibitors who fail to do so are subject to penalties for current and future ASCO Annual Meetings, including a surcharge of 10% on the exhibit space rental rate. Exhibitor agrees to receive all written and electronic correspondence from ASCO and SPARGO, Inc. in reference to the ASCO Annual Meeting 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..... Telephone.....