

Section 1: Premium Listing - \$3,000

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Online Listing Includes:	In Print Listing Includes:	Mobile Listing Includes:
<ul style="list-style-type: none"> Company Name Booth Number Address Web Address Up to 7 Product and Service Categories Up to 2 Product Descriptions with Photos 600 Character Paragraph Company Logo in Booth Listing Enhanced Listing Icon on Floor Plan Booth and Exhibitor List 	<ul style="list-style-type: none"> Company Name Booth Number Address and Phone Web Address Up to 7 Product and Service Categories ¼ Page Listing, Including Company Logo and 600 Character Paragraph 	<ul style="list-style-type: none"> Company Name Booth Number Web Address Up to 7 Product and Service Categories Company Logo 600 Character Paragraph

- You will receive the username and password needed to submit your directory information through the online Exhibitor Resource Center. Information for the mobile listing and the online Exhibitor Directory may be updated any time prior to the Annual Meeting.
- Deadline for inclusion in the printed 2017 Exhibitor Directory is **Friday, March 24, 2017**.
- All content is subject to ASCO approval.
- It is the responsibility of the exhibiting company contact to ensure that the company's information is updated and submitted accurately for the print, online, and mobile versions of the Exhibitor Directory.

Section 2: Contact Information

Company Name _____ Contact Name _____
 Email _____ Tel _____
 Address _____
 City _____ State _____ Zip _____ Country _____

Section 3: Payment and Cancellation

Initials	Deposit and Payment Schedule	Initials	Cancellation Penalties
	September 2, 2016...50% due for applications submitted prior to September 2, 2016		Through September 1, 2016.....0%
	September 2, 2016 - January 26, 2017...50% due w/ application		September 2, 2016 - January 26, 2017.....50%
	After January 26, 2017...Payment in full due w/ application		After January 26, 2017.....100%
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.			Full refund if canceled by ASCO without cause

Make checks payable to:
ASCO

Mail payments to: ASCO Exposition Management • c/o SPARGO, Inc.
 11208 Waples Mill Road, Suite 112 • Fairfax, VA 22030
 Tel: 800-564-4220 • Fax: 703-563-2691 • Email: exhibitcontracts@spargo-inc.com

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: _____

I acknowledge that as an authorized representative of the above stated company, I have received, reviewed and agree to 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 Annual Meeting and all future ASCO events. This application will become a contract upon acceptance with authorized signatures. **All applications received are contingent upon ASCO approval.**

Exhibitor Signature _____ Date _____