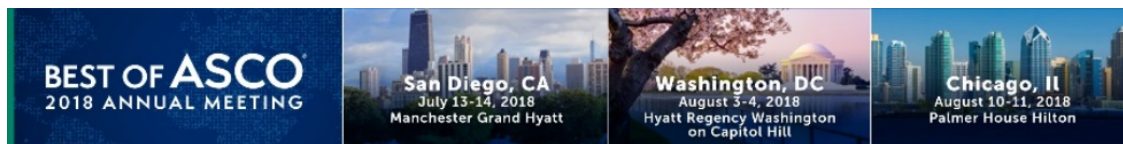


Application and Contract for Exhibit Space – 2018 Best of ASCO® Meetings



Questions?
boaexhibits@spargoinc.com
 703-631-6200 | 800-564-4220

San Diego, CA
 Meeting Dates: July 13-14
 Manchester Grand Hyatt

Washington, DC
 Meeting Dates: August 3-4
 Hyatt Regency Washington on Capitol Hill

Chicago, IL
 Meeting Dates: August 10-11
 Palmer House Hilton

Exhibit Fee Includes: One 6’L x 42”H draped table, one chair, carpet, standard exhibitor directory listing, and three complimentary full Meeting registrations. Exhibitors are limited to tabletop displays only; no freestanding displays allowed.

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 Name _____ Title _____

Phone _____ Email _____

Website _____ Address _____

City _____ State _____ Zip _____ Country _____

How did you hear about this meeting? _____

I would like to receive communication from ASCO and SPARGO, Inc. regarding exhibiting opportunities at current and future ASCO meetings. To opt out of receiving these messages at any time, contact compliance.expo@spargoinc.com.

Step 2: Select meetings by placing a check in the box and indicate the table number for your preferred exhibit locations. Floor plans subject to change without notice. **Maximum of two (2) tables per company per meeting.**

Meetings	1 st Choice Location	2 nd Choice Location	3 rd Choice Location
San Diego			
<input type="checkbox"/> Friday, July 13			
<input type="checkbox"/> Saturday, July 14			
Washington, DC			
<input type="checkbox"/> Friday, August 3			
<input type="checkbox"/> Saturday, August 4			
Chicago			
<input type="checkbox"/> Friday, August 10			
<input type="checkbox"/> Saturday, August 11			

Step 3: What products or services will you feature at your exhibit? (Required for approval)

Step 4: Upgrade Your Exhibitor Directory Listing

All exhibitors receive a complimentary, basic listing in the print and online Exhibitor Directory, which includes:

- **Company name**
- **Address**
- **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** a 500-character paragraph (in print and online), your company logo in online listing, and an enhanced listing icon on online floor plan and exhibitor list.

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

Step 5: Payment

100% payment is due with this application. Full payment required to secure exhibit space. Payment must accompany application to exhibit for the company to receive points under the *Guidelines on Prioritizing the Selection of Exhibit Space and Hotel Accommodations*. **Failure to make payments does not release the contracted or financial obligation of Exhibitor.**

San Diego	Washington, DC	Chicago
<input type="checkbox"/> One Day: \$2295	<input type="checkbox"/> One Day: \$2295	<input type="checkbox"/> One Day: \$2295
<input type="checkbox"/> Two Days: \$4795	<input type="checkbox"/> Two Days: \$4795	<input type="checkbox"/> Two Days: \$4795
<input type="checkbox"/> Premium Directory Listing: \$400	<input type="checkbox"/> Premium Directory Listing: \$400	<input type="checkbox"/> Premium Directory Listing: \$400
Subtotal for San Diego:	Subtotal for Washington, DC:	Subtotal for Chicago:
Grand Total (all meetings):		

Credit Card Payment

Email completed application to exhibitcontracts@spargo.com and then call the Exhibits Finance Department at 703-631-6200 or 800-564-4220 with credit card.

Check Payment

Make checks payable to ASCO.

Mail check with copy of application to
 ASCO Exhibits Mgmt., c/o SPARGO, Inc.
 11208 Waples Mill Road, Suite 112
 Fairfax, VA 22030

Step 6: Cancellation Policy and Acknowledgement

No refund if exhibiting company cancels. Cancellation of exhibit space includes cancellation of full Meeting registrations allotted with exhibit space. Full refund if ASCO cancels the meeting without cause.

Step 7: Exhibitor Signature Required

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, SPARGO, Inc., and official event contractors related to the 2018 and 2019 Best of ASCO® Meetings. This exhibit space application will become a contract upon Exhibitor’s authorized signature and ASCO’s acceptance and approval. **Once you sign and submit this contract, you are bound to the contract terms and exhibit space fee.**

Exhibitor Signature _____ Date _____

Printed Name _____ Phone _____

Internal Use Only:

Authorized Signature _____ Date _____ Acct # _____ Table # _____