

# Application and Contract for Exhibit Space

## Gastrointestinal (GI) Cancers Symposium

Meeting Dates: January 19-21, 2017

Exhibit Date: January 19-20, 2017

Moscone West Building – San Francisco, California

**2017 Gastrointestinal  
Cancers Symposium**  
MULTIDISCIPLINARY PRECISION CARE. PROGRESS AND INNOVATION

January 19-21, 2017  
Moscone West Building  
San Francisco, California



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

**Exhibit Fee: \$5495**; includes one 6' L x 42" H draped table, one stool, carpet, five complimentary full Symposium registrations, 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 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 (\$750)**

### Step 5: Payment

Exhibit Fee: \$5495

Premium Directory Listing: \$750

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

100% payment is due with this application. Payment must accompany application to exhibit in order 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.**

### 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 Gastrointestinal (GI) Cancers 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 # \_\_\_\_\_