

Application and Contract for Exhibit Space

2018 Gastrointestinal (GI) Cancers Symposium

Meeting Dates: January 18-20, 2018

Exhibit Dates: January 18-19

Moscone West Building | San Francisco, California

Need Help? Contact giexhibits@spargoinc.com | 703-631-6200 | 800-564-4220

**2018 Gastrointestinal
Cancers Symposium**
MULTIDISCIPLINARY CARE. LOCAL PRACTICE. GLOBAL OUTCOMES

January 18-20, 2018
Moscone West Building
San Francisco, California



Exhibit Fee: \$5495; includes one 6'L x 42"H draped table, one stool, carpet, standard exhibitor directory listing, and five complimentary full Symposium registrations. 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 _____ Fax _____

Email _____ Website _____

Address _____

City _____ State _____ Zip _____ Country _____

How did you hear about this meeting? _____

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** 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 (\$750)

Step 5: Meeting Room

Rent a [meeting room](#) in the exhibit hall. This exhibitor-only opportunity allows you to book the only convenient and private meeting space available in the Symposium venue.

Yes, I will rent a meeting room (\$12995)

Step 6: Payment

Exhibit Fee: \$5495

Premium Directory Listing: \$750

Meeting Room \$12995

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.**

Email completed application to exhibitcontracts@spargoinc.com

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

Credit Card Payment

Call 703-631-6200 or 800-564-4220 with credit card after emailing application

Step 7: 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 meeting is canceled by ASCO 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 # _____