## **Application and Contract for Exhibit Space**

## 2018 Gastrointestinal (GI) Cancers Symposium

Meeting Dates: January 18-20, 2018 Exhibit Dates: January 18-19

Printed Name

Internal Use Only: Authorized Signature\_

Moscone West Building | San Francisco, California



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

Phone

Acct #\_\_\_

\_ Table #\_\_\_

Date\_\_\_



Need Help? Contact giexhibits@spargoinc.com | 703-631-6200 | 800-564-4220 Exhibit Fee: \$5495: includes one 6'1 x 42"H draned table, one stool, carnet, standard exhibitor directory listing, and five complimentary full Symposium

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 plar 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:			etop displays only. Freestanding	•	, 0,	e complimentary run symposium
Email Website    Fax	Step 1: Contact Information	on (Contact info	rmation for the Exhibitor Direct	ory can be provided	l online after your applica	tion has been approved)
Email	Company Name for Exhibite	or Directory				
Email	Contact			Title		
Address  City	Phone			_ Fax		
State	Email			Website		
Step 2: Products or Services to be featured (required for approval)  Step 3: Location Preferences (floor plan subject to change without notice) 1 <sup>rt</sup> Choice 2nd Choice 3rd Choi	Address					
Step 3: Location Preferences (floor plan subject to change without notice) 1 <sup>rt</sup> Choice 2 <sup>rd</sup> Choice 3 <sup>rd</sup> Choice 3 <sup>rd</sup> Choice 3 <sup>rd</sup> Choice 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	City		State	Zip	Country	
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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 plar and exhibitor list.    Yes, upgrade my Exhibitor Directory listing to the Premium Listing (\$750)	Step 3: Location Preference	ces (floor plan s	ubject to change without notice	) 1st Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
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Exhibit Fee: \$5495 Premium Directory Listing: \$750 Meeting Room \$12995 Total Amount Due: \$	Rent a <u>meeting room</u> in the Symposium venue.			allows you to book	the only convenient and p	orivate meeting space available
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.	Exhibit Fee: Premium Directory Listing: Meeting Room	\$750 \$12995	order for the company to receive points under the <i>Guidelines on Prioritizing the Selection of Exhibit Space and Hotel Accommodations</i> . <b>Failure to make payments does not release the</b>			
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.	Email completed applica	ation to <u>exhib</u> i	tcontracts@spargoinc.com			
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	Exhibitor Signature				Date	