Application and Contract for Exhibit Space

Genitourinary (GU) Cancers Symposium

Symposium Dates: February 16-18, 2017 Exhibit Dates: February 16-17, 2017 Rosen Shingle Creek – Orlando, Florida

Need Help? Contact guexhibits@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 ______Title______ Contact Phone Fax _____Website_____ Email Address _____State_____Zip____Country_____ City 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 • 500 character paragraph in print, online, and in the mobile app Mailing address and phone number • Company logo in the online and mobile 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. 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 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.) MasterCard
American Express Discover Visa _____ CSV#: ______ Exp. Date: _____ Card Number: ______Signature: ______ Name on Card: 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 Genitourinary (GU) 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 #	
-	Date	Acct #	Table #	