

# Application and Contract for Exhibit Space

## 2017 Palliative and Supportive Care in Oncology Symposium

Meeting Dates: October 27-28, 2017

Exhibit Date: October 27

Manchester Grand Hyatt | San Diego, California

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



**Exhibit Fee: \$1500;** includes one 6'L x 42"H draped table, one stool, carpet, standard exhibitor directory listing, and three complimentary full Meeting 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 \_\_\_\_\_

### 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** 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

Exhibit Fee: \$1500

Premium Directory Listing: \$400

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 application to [exhibitcontracts@spargoinc.com](mailto: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

How did you hear about this meeting?  
\_\_\_\_\_

### Credit Card Payment:

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

### 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 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 Palliative and Supportive Care in Oncology 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 # \_\_\_\_\_