



FUNCTION SPACE REQUEST
69th SSO Annual Cancer Symposium
Boston, MA – March 2-5, 2016

Complete this form for EACH request and submit **NO LATER THAN February 5, 2016.**

Exhibiting Company Name: _____

Contact Person: _____ **Email:** _____

Mailing Address: _____

Phone: _____ **Fax:** _____

EXHIBITOR-SPONSORED PRIVATE FUNCTIONS & HOSPITALITY SUITES
Exhibitors are required to inform SSO of any company sales meetings, industry sponsored hospitality suites, functions or SSO approved activities held in conjunction with the Annual Cancer Symposium. Social functions that include any attendees may be open only during non-program hours and may not conflict with any Annual Cancer Symposium official function. Suites and meeting space are provided on a first-come, first-served basis.

I/we have read the SSO General Rules and Regulations regarding Social Activities in the Exhibitor Manual and agree to abide by all SSO General Rules and Regulations and hold harmless the SSO from and against any and all liability and claims and demands which may arise from or be asserted in connection with the foregoing undertakings and responsibilities.

Print Name: _____ **Title:** _____

Applicant's Signature: _____ **Date:** _____

Function Name*: _____ **Facility:** _____
**To be approved by SSO. Once assigned, the approved function will be planned directly with the hotel for all requirements, at the requestor's expense.*

Function Type: ☐ Sales Meeting ☐ Business Meeting ☐ Reception ☐ Other _____

Number Attending: _____ **Attendance:** ☐ Company Personnel ☐ Physician/Company ☐ Other _____

MEETING SPACE
Function Date: March _____, 2016 **Start Time:** _____ am/pm **End Time:** _____ am/pm
**When possible, assigned meeting rooms will be held at least 30 minutes of the start time and end time.*

Setup Desired: ☐ Conference ☐ Hollow Square ☐ U-Shaped ☐ Theater ☐ Schoolroom ☐ Rounds ☐ Reception
☐ Other: _____

Additional Specifications (Check all that apply):
☐ Audio Visual ☐ Entertainment ☐ Elevated Stage ☐ Head Table for _____ persons ☐ Standing Lectern ☐ Catering
 Other: _____

HOSPITALITY SUITE
Suite Date(s): **Check-In Date:** March _____, 2016 **Check-Out Date:** March _____, 2016
☐ 1 Bedroom ☐ 2 Bedroom ☐ Adjoining Sleeping Room ☐ Table for _____ persons
 Other: _____

FEE to be charged: **\$150** (Checks payable to SSO)

Name on Card: _____

Credit Card #: _____ **Exp Date:** _____

Signature: _____

Do not email forms with credit card information. Fee will be processed upon approval of event and assignment of function space.

Return form to:
 Society of Surgical Oncology c/o J. Spargo & Associates Inc.
 11208 Waples Mill Road, S-112
 Fairfax, VA 22030
 Phone: (703) 631-6200; Fax: (703) 679-3938 (secure fax)
 Email: ssoconference@jspargo.com

SSO Use Only

Date Received: _____

Date to Hotel: _____

Room Assigned: _____