



**FUNCTION SPACE REQUEST**  
 70<sup>th</sup> SSO Annual Cancer Symposium  
 Seattle, WA – March 15-18, 2017

Complete this form for EACH request and submit **NO LATER THAN February 10, 2017.**

**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 \_\_\_\_\_, 2017 **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 \_\_\_\_\_, 2017 **Check-Out Date:** March \_\_\_\_\_, 2017

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 SPARGO, Inc.  
 11208 Waples Mill Road, S-112 Fairfax, VA 22030  
 Phone: (703) 631-6200; Fax: (703) 679-3938 (secure fax)  
 Email: ssoconference@spargoinc.com

**SSO Use Only**

Date Received: \_\_\_\_\_

Date to Hotel: \_\_\_\_\_

Room Assigned: \_\_\_\_\_