

LABOR ORDER FORM

- All labor is performed by trained & skilled personnel. To insure ample availability of labor, **Please order in advance.**
- Starting time can be guaranteed only when labor is ordered for 8:00am. Brede Exposition Services will attempt to provide labor at all other times, however, in some cases it may be impossible to have labor at an exact given time.
- **Labor will not be assigned until the exhibitor reports to the service/labor desk.**
- All labor is billed on a 1 man, 1 hour minimum. No shows will be billed at the minimum per man rate.
- **Labor orders must be canceled 24 hours prior to ordered time or a minimum of 1 hour per man ordered will be charged.**
- Labor & services ordered for an exhibitor by other contractors, must be authorized, in writing, prior to show set up by the exhibiting company. A certificate of insurance must also be presented to Brede Exposition Services/Allied Division prior to any other contractor beginning work on the show floor. Payment for labor & services is the responsibility of the exhibitor.

LABOR RATES: Straight Time: \$89.75 per hr. Overtime: \$134.75 per hr. Double Time: \$179.50 per hr. Straight time rates apply 8:00am-4:30pm Monday-Friday. Overtime rates apply 4:30pm-8:30pm Monday – Friday and 8:00am-4:30pm Saturday. (Note: if a display laborer has not worked eight (8) straight time hours on that day between 8am-4:30pm, Mon – Fri {excluding holidays}, double time rates will apply that day during the hours of 6:30pm-8:30pm, Mon – Fri) Double time rates apply 8:30pm-8:00am Monday-Friday (unless noted above), before 8:00am and after 4:30pm Saturday and all day Sunday and holidays. **ADD 30% TO ALL LABOR ORDERED ON SITE.**

	# of Men	Dates Required	Time	Approx. Hours
Install				
Dismantle				

SUPERVISION OF LABOR IS REQUIRED - PLEASE INDICATE YOUR CHOICE OF SERVICE

SERVICE A

- All work performed & supervised by Brede Exposition Services/Allied Div. personnel prior to show opening.
- Please send any necessary information, blue prints, photos, etc.
- Charge for supervisory service is 30% of total daily labor bill, with an \$89.75 minimum charge.

Please Indicate:

- Set-up plans attached Self contained unit
 Number of crates Photo attached
 Set-up plans in crate # _____

SERVICE B

- Work performed by Brede Exposition Services/Allied Div. personnel under the direct supervision of exhibitor or exhibitor's rep.

- Please indicate:

Exhibitor's (rep.) name _____
 Contact phone # _____

Other Services Available: (Please indicate)

- Forklift labor – see Rigging/Lift order form
 Rigging – see Rigging/Lift order form
 Banding: \$2.00 per ft. plus 1 Hour Labor

*If BES/ACS does **not** supervise setting the booth, we do not recommend dismantling supervision. If this is necessary however, we cannot accept responsibility for damage due to improper packing.*

ALL OPEN BALANCES MUST BE PAID IN FULL AT SHOW

EVENT OR SHOW ASCO 2010 HALL OR HOTEL MCCORMICK PLACE
 COMPANY NAME _____ BOOTH NO _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 TELEPHONE NO: _____ FAX NO. _____
 AUTHORIZED BY _____ TITLE _____
 SIGNATURE _____

All charges for rental items include delivery to booth, installation, when specified, and removal at close of show. A finance charge of 1-1/2% per month (18% per annum) will be added to all charges not paid within 10 days of invoice date.

CHICAGO UNION GUIDELINES

All exhibit and display work in the Chicago area must be done by union personnel. There are six major unions that have jurisdiction over tradeshow. The following guidelines will help you in preparing your exhibit to conform to union jurisdiction and adherence to them can save you a substantial amount of money.

TEAMSTER UNION

Teamsters handle all freight inside the exhibit hall. They unload all trucks or vehicles, deliver the material to your booth and remove and reload material at the close of the show. The only exceptions to this are, machinery, which is handled by the Riggers and Machinery Movers Union, and small items which can be easily carried by one man, in one trip, without the aid of flat trucks, dollies, etc. Exhibitors may carry in small packages including pop-up booths provided they can be hand-carried.

MACHINERY MOVERS & RIGGERS UNION

Riggers, as members of the union are usually referred to, handle all machines. This includes unloading machines from trucks, moving the materials to your booth and uncrating them if necessary. Riggers also remove skids and reskid machines and spot the machines in your booth. The weight of your machine and its size dictate the number of riggers you will need. As an example, if you require a forklift you must have a full crew of riggers (three men). If the machine is small and can be handled by one or two men, you will not be required to use a full crew. Exhibitors may carry computers or appliances provided it can be reasonably done by hand. Exhibitors may remove small computers and appliances from the crate or box provided that it can be done without a forklift or any power equipment. On computer equipment and small appliances, crew sizes for operations requiring a rigger, will be determined by the size of the job.

CARPENTERS UNION

Carpenters handle the erection and dismantling of display and exhibit booths. This includes all display work with the exception of machinery, signs or lighted headers, unless the sign or header is a permanently attached part of the display. Carpenters also recrate machines for outbound loading. Exhibitors may set up and dismantle pop-up displays in booths 10' x 10' or less. A pop-up display shall be defined as a display system of ten feet or less, that can be set up by one person in ½ hour or less, without the use of tools. Pop-up displays larger than 10 feet will require union labor.

DECORATORS UNION

Decorators handle installation of signs, drape background, table skirting, and other items of a decorative nature that must be done after a display background is erected, such as photos and framed and unframed pictures. Exhibitors may hang their own corporate logos, small pictures and graphics when such items are designed to be attached by pre-set Velcro strips, permanently mounted hooks or snaps. Exhibitors may set up and take down 10' x 10' displays (pop-ups) if one person can accomplish the task in ½ hour or less without the use of tools. Exhibitors may skirt table(s) provided they do it with their own custom fit skirts, without the use of staples, snaps or Velcro. Exhibitors may blow up balloons provided they are not used in the display.

ELECTRICAL UNION

Electricians handle all electrical work, which includes supplying power lines to your booth, connecting equipment to the proper outlets and installing any signs or headers that are lighted, unless they are permanently attached to the exhibit backwall.

GENERAL PROVISIONS

In each case where these rules indicate that an "exhibitor may" do something, this is interpreted to mean a full-time employee of the exhibiting company (full time throughout the year. Verifiable documentation must be provided upon request). Reasonable judgment must be used in determining when a task is so large or so time consuming as to require professional union labor.

TIPPING

Brede/Allied Convention Services requests that exhibitors do not tip our employees. They are paid at an excellent wage scale denoting a professional status, and we feel that tipping is not necessary. This applies to all employees. Any request for such should be brought to the attention of a Brede/Allied representative at the service desk or correspondence may be directed to the attention of the General Manager at our Orlando address.

SAFETY

Standing on chairs, tables or other rental furniture is prohibited. This furniture is not engineered to support your standing weight. Brede/Allied Convention Services cannot be responsible for injuries or falls caused by the improper use of this furniture. If assistance is required in assembling your booth, please order labor on the Labor Order Form and the necessary ladders and tools will be provided.

An EAC (Exhibitor Appointed Contractor)/Non-Official Contractor is a company other than the official contractors listed in the exhibitor service manual providing a service (installation and dismantling labor, floral, photography, audio visual, computer rental and other related services) and requiring access to your booth during move-in and move-out.

All exhibiting companies/organizations that choose to use an EAC/Non-Official Contractor are required to submit this form, comply with all rules and regulations and supply necessary information by the **April 29, 2010** deadline.

EACs/Non-Official Contractors will be required to use labor supplied by the appointed contractor unless the following requirements are fulfilled:

- Exhibitors must return this completed form to ASCO Exhibit Management (J. Spargo & Associates, Inc.) by the **April 29, 2010** deadline.
- EACs/Non-Official Contractors must provide a Certificate of Liability Insurance naming ASCO, J. Spargo & Associates, Inc., Brede Exposition Services/Allied Division, McCormick Place and Metropolitan Pier and Exposition Authority as additional insured. The Certificate of Liability Insurance must include Comprehensive General Liability coverage with limits not less than \$1,000,000 including Contractual Liability and Products Liability coverage and Workman's Compensation in accordance with local law. Please see the "sample certificate of liability insurance" on the following page. Certificates of Liability Insurance must indicate the name of the exhibiting company and booth number that they are representing in the description area of the certificate. Certificates will be discarded if this information is not supplied.
- All EAC/ Non-Official Contractor personnel must be properly identified with official ASCO Annual Meeting badge on show site. Additional information on this process will be e-mailed to the supervisor listed on this form.

All EAC/Non-Official Contractors are permitted on the exhibit floor ONLY during official move-in and move-out hours providing the information above is supplied. Failure to comply with any or all of the above will result in refusal of the EAC/Non-Official Contractor access to the exhibit hall and the ability to service your exhibit.

EAC/NON-OFFICIAL CONTRACTOR: _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
SERVICE(S) PERFORMED: _____		SUPERVISOR/ON-SITE CONTACT: _____	
PHONE #: _____	FAX#: _____	E-MAIL: _____	

EXHIBITING COMPANY: _____ BOOTH #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX#: _____ E-MAIL: _____

AUTHORIZED BY: _____ TITLE: _____

PLEASE RETURN TO: ASCO Exhibit Management c/o J. Spargo & Associates, Inc.
 Attention: Stephanie Houck, Exhibit Operations Manager
 11208 Waples Mill Road, Suite 112
 Fairfax, VA 22030

e-mail: stephanie.houck@jspargo.com Fax: (703) 654-6931 Phone: (703) 631-6200



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/16/2010

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Company Name Address Address City, State & Zip Code	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy #	05/29/2010	06/09/2010	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$1,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
						Contractual Liability	\$1,000,000
	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy #	05/29/2010	06/09/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	<input checked="" type="checkbox"/>	OTHER Property Damage	Policy #	05/29/2010	06/09/2010		\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured for the 2010 ASCO Annual Meeting (Meeting Dates June 4-8, 2010) (Exhibit Dates Jun 5-7, 2010) servicing (Enter Exhibiting Company name here) in booth # _____:

American Society of Clinical Oncology, J. Spargo & Associates, Inc., Brede Exposition Services/Allied Division, McCormick Place, Metropolitan Pier and Exhibition Authority (MPEA)

CERTIFICATE HOLDER American Society of Clinical Oncology 2318 Mill Road Suite 800 Alexandria, VA 22314 Phone: (571) 483-1300 Fax: (703) 299-0255	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed hereon.

SAMPLE

CREDIT CARD AUTHORIZATION, PAYMENT & RECAP OF ORDERS

THIS FORM ALONG WITH YOUR ORDER & CHECK AND CREDIT CARD INFORMATION FOR PAYMENT MUST BE RETURNED TO BREDE/ALLIED CONVENTION SERVICES AT THE ADDRESS ABOVE. A CREDIT CARD ON FILE IS REQUIRED WHEN USING BREDE/ALLIED CONVENTION SERVICES. ORDERS RECEIVED WITHOUT PAYMENT AND CREDIT CARD AUTHORIZATION WILL NOT BE PROCESSED.

- To receive discount pricing, order forms and full payment must be received by the deadline date on each form. Purchase Orders are not considered advance payment. Payment may be made by company check or credit card authorization. There will be a \$35.00 minimum service charge for handling returned payments - checks or credit cards.
- Any additional costs incurred for orders or services placed at show site, including labor and material handling, are due and payable upon presentation of the invoice. All adjustments must be made at show site. **ABSOLUTELY NO CREDITS WILL BE ISSUED AFTER SHOW CLOSING.**
- *All accounts must be settled at the Brede Exposition Services/Allied Division service desk prior to show closing. Your show site representative must be made aware of this policy and have means of payment, unless credit card authorization below is signed. It is the responsibility of your show site representative to review the Statement of Account prior to the close of the show, as no adjustments will be made after the close of the show.*
- The exhibiting firm is primarily responsible for payment of all charges.
- **INTERNATIONAL EXHIBITORS:** We require 100% pre-payment of advance orders. Payment must be rendered by cash, check payable in U.S. dollars drawn on a U.S. account, American Express, MasterCard, or Visa credit cards.
- Wire transfers available - contact Customer Service department.

If you have any questions regarding payment procedures, please contact Brede Exposition Services/Allied Division Customer Service Department (407) 851-0261.

PLEASE COMPUTE YOUR ORDERS-INCLUDING APPLICABLE DISCOUNT & SALES TAX

Furniture	\$ _____
Carpet	\$ _____
Custom Rental Exhibits	\$ _____
Signs	\$ _____
Labor	\$ _____
Cleaning & Porter Service	\$ _____
Estimated Material Handling Charges	\$ _____
Other Brede Exposition Services:	\$ _____
ESTIMATED TOTAL	\$ _____

NOTE: RENTAL ITEMS NOT ORDERED, YET FOUND IN BOOTHS, ARE INVOICED AT "STANDARD-FLOOR" PRICING.

IF PAYING BY CHECK, PLEASE COMPLETE THE FOLLOWING:

Your check number _____ Date _____ In the amount of \$ _____

CREDIT CARD INFORMATION - CREDIT CARD IS REQUIRED FOR SERVICES RENDERED:

We authorize Brede/Allied Convention Services to charge any additional amounts incurred by me or my show representative, including material handling and labor charges. If credit card is declined, Standard-Floor pricing prevails and a \$35.00 service charge will be added.

Charge to:(check one) MasterCard Visa American Express Discover

Expiration Date _____ Using MasterCard indicate the 4 numbers above your name here: _____

Account Number _____

I hereby authorize you to charge amounts incurred over and above the Estimated Total shown above for services rendered, and by signature below agree to Payment Policies as described.

Cardholders Name (please print or type) _____

Cardholders Address _____ City _____ State _____ Zip Code _____

Cardholders Signature _____

Event or Show ASCO Hall or Hotel MCCORMICK PLACE

Company Name _____ Telephone _____ Fax _____

Address _____ City, State, Zip _____

Authorized By (Please print or type) _____ Booth #: _____

THIRD PARTY BILLING

Your company is responsible for the payment of all charges incurred on your behalf. If you wish to have a 3rd party billed, we will do so if they have a satisfactory credit standing with Allied Convention Services. Any such billing not paid prior to close of the show will revert to the exhibiting company.

WE UNDERSTAND AND AGREE THAT WE, THE EXHIBITING FIRM, ARE ULTIMATELY RESPONSIBLE FOR PAYMENT OF CHARGES. IN THE EVENT THE NAMED THIRD PARTY DOES NOT DISCHARGE PAYMENT OF THE INVOICE PRIOR TO THE CLOSE OF THE SHOW, CHARGES WILL REVERT TO THE EXHIBITING COMPANY. ALL INVOICES ARE DUE AND PAYABLE UPON RECEIPT. THE ITEMS CHECKED BELOW ARE TO BE CHARGED TO THE THIRD PARTY:

<input type="checkbox"/> Furniture/Carpet	<input type="checkbox"/> Signs
<input type="checkbox"/> Custom Rental Exhibit	<input type="checkbox"/> Freight Charges In / Out
<input type="checkbox"/> Installation / Dismantle Labor	<input type="checkbox"/> Miscellaneous Charges
<input type="checkbox"/> Forklift Service	<input type="checkbox"/> Other _____
	Please Specify

Additionally, this form must be completed by both firms and returned to us no later than May 18, 2010.

EXHIBITING FIRM

3RD PARTY BILLING NAME

BY (Authorizing Signature)

ADDRESS

TITLE

DATE

CITY

STATE

ZIP

PAYMENT POLICY: Full payment of all rental charges including sales tax must accompany advance order form to qualify for discount rates. Payment may be made by check or credit card authorization. Remaining balances are due upon presentation of invoice at the show. Any payments not received within (10) days of invoice date will have a finance charge of 1.5% per month, which is an annual percentage rate of 18%.

EVENT OR SHOW ASCO 2010 HALL OR HOTEL MCCORMICK PLACE

COMPANY NAME _____ BOOTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ FAX # _____

AUTHORIZED BY _____ TITLE _____

SIGNATURE _____