

Application and Contract for Tabletop Exhibit and Exclusive Exhibitor Opportunities

2026 ASCO® Breakthrough

Meeting Dates: June 25-27, 2026
Exhibit Dates: June 25-26, 2026
Raffles City Convention Centre
Singapore



Submit application to btexhibits@spargoinc.com

Need Help? btexhibits@spargoinc.com | 703-631-6200 | 800-564-4220

Step 1: Contact Information (All fields required. Contact information for the Exhibitor Directory can be provided online after your application has been approved.)

Company Name for Exhibitor Directory and Signage _____

Contact _____ Job Title _____

Phone (direct only) _____ Mobile (required) _____

Email (direct only) _____ Website _____

Company Address _____

City _____ State _____ Zip _____ Country/Region _____

I would like to receive communication from ASCO and SPARGO, Inc. regarding exhibiting opportunities at current and future ASCO meetings. To opt out of receiving these messages at any time, contact compliance.expo@spargoinc.com.

Step 2: Products or Services to be featured: (required for approval) _____

Step 3: Exhibit and Exclusive Exhibitor Opportunities

Standard Exhibit Tabletop Rate: \$8,250

[View Opportunities Guide](#)

Boost your visibility through Exclusive Exhibitor Opportunities.

Carpet Decal: \$10,000

Exhibitor Directory Upgrade: \$850

Exhibit Total \$ _____ + Exhibitor Opportunities Total \$ _____ = Total Cost \$ _____

Step 4: Payment and Cancellation

ASCO requires 100% payment due with application. Failure to make payment does not release the contracted or financial obligation of Exhibitor. **No refunds if the exhibiting company cancels at any time. A 100% cancellation penalty will apply, regardless of whether payment has been received.** Cancellation of exhibit space includes cancellation of registrations allotted with exhibit space. Cancellation of exhibit space also results in cancellation of any exhibitor-exclusive opportunities. Full refund if cancelled by ASCO without cause.

- Make checks payable to ASCO and mail to: ASCO • PO Box 1029 • Charlotte, NC 28201-1002
- An invoice will be sent with instructions to submit a credit card payment online.
- Account number for ACH/Wire payments: Truist Financial Account ending in 8316
- For updated instructions please contact exhibitorservices@spargoinc.com.

Step 5: Acknowledgement

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 available on asco.org/exhibits (as may be amended from time to time). I understand that exhibit tables must be staffed at all times during the published Exhibit Area open hours and may not be torn down early. Failure to comply with these policies may result in loss of Priority Points. Exhibitor agrees to receive all written and electronic correspondence from ASCO, SPARGO, Inc., and official event contractors related to the 2026 and 2027 ASCO Breakthrough Meetings. This application will become a contract upon Exhibitor's authorized signature and ASCO's acceptance and approval.

Exhibitor Signature _____ Date _____

Printed Name _____ Telephone _____