

ASCO ANNUAL MEETING
Meeting Dates: May 31-June 4, 2019
Exhibit Dates: June 1-3, 2019
McCormick Place ~ Chicago, Illinois

Click Here to
Submit Via Email



APPLICATION DEADLINE: Wednesday, March 6, 2019

Section 1: Contact Information

Exhibitor Name

Contact Title.....

Tel Email

Address

City State Zip Country

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.

Section 2: Program Information

Program Title

Presenter's Name & Title

Description of Presentation

.....

.....

Section 3: Preferred Program Dates and Times **Total Cost per Time Slot: \$47,500**

Please rank all nine slots with 1 being your first choice.

<p>Saturday, June 1, 2019</p> <p>___ 9:30 AM – 10:30 AM</p> <p>___ 12:15 PM – 1:15 PM</p> <p>___ 3:00 PM – 4:00 PM</p>	<p>Sunday, June 2, 2019</p> <p>___ 9:45 AM – 10:45 AM</p> <p>___ 11:30 AM – 12:30 PM</p> <p>___ 4:15 PM – 5:15 PM</p>	<p>Monday, June 3, 2019</p> <p>___ 9:30 AM – 10:30 AM</p> <p>___ 11:30 AM – 12:30 PM</p> <p>___ 3:00 PM – 4:00 PM</p>
---	--	--

Section 4: Payment Information

Initials	Payment Schedule
	All applicants must provide a credit card. Total Amount Due by April 5, 2019 to avoid credit card being charged if you are selected. Payment date subject to change.

Submit application to:
 Email: exhibitcontracts@spargoinc.com

Need Help? Contact:
ascoexhibits@spargoinc.com
 703-631-6200 | 800-564-4220

Section 5: Cancellation Penalties

Initials	Cancellation Penalties
	No refund if company cancels after March 27, 2019 . Cancellation penalty date subject to change.
	Full refund if canceled by ASCO without cause

Make checks payable to: ASCO

Mail check payment to:
 ASCO Exposition Mgmt., c/o SPARGO, Inc.
 11208 Waples Mill Road, Suite 112 • Fairfax, VA 22030

Credit Card Payments:
 An invoice will be sent within one business day with instructions to submit credit card payment online. Credit cards will also be accepted by phone at 703-631-6200 or 800-564-4220.

Section 6: Acknowledgement

I acknowledge that as an authorized representative of the above stated Exhibitor/Industry Expert Theater Participant, I have received, reviewed, and agree that Exhibitor will comply with the *Policies for Exhibitors and Other Organizations at ASCO Meetings* and the supplemental Industry Expert Theater Guidelines available on am.asco.org and that Exhibitor will comply with all updates of such policies applicable to the 2019 ASCO Annual Meeting, which will be made available in August 2018. I understand that Exhibitors must book their hotel rooms through the ASCO Annual Meeting Customer Service Center and that Exhibitors who fail to do so are subject to penalties for current and future ASCO Annual Meetings. Exhibitor agrees to receive all written and electronic correspondence from ASCO, SPARGO, Inc., and official event contractors in reference to the 2019 and 2020 ASCO Annual Meetings. This application will become a contract upon Exhibitor's authorized signature and ASCO's acceptance and approval.

Exhibitor Signature..... Date.....

Printed Name..... Telephone.....