

ASCO[®]20 Virtual

Virtual Scientific Program
May 29-31, 2020

Virtual Education Program
August 2020

APPLICATION DEADLINE: Friday, May 15, 2020

Submit Via Email

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

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Section 3: Program Fee

Includes a pre-recorded program available during the virtual meeting and on demand through August 2020.

\$15,000

Section 4: Payment Information

Section 5: Cancellation Penalties

Payment Schedule
Payment in full due upon approval.

Cancellation Penalties
100% of amount due; no refunds
Full refund if canceled by ASCO without cause.

Submit application to:

Email: exhibitcontracts@spargoinc.com

Need Help? Contact:

ascoexhibits@spargoinc.com
703-631-6200 | 800-564-4220

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 2020 ASCO Annual Meeting and ASCO20 Virtual, which are subject to change at any time. Exhibitor agrees to receive all written and electronic correspondence from ASCO, SPARGO, Inc., and official event contractors in reference to the ASCO20 Virtual and 2021 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.....