

Application and Contract for Exhibit Space



2025 ASCO Annual Meeting

Meeting Dates: May 30-June 3, 2025

Exhibit Dates: May 31-June 2, 2025

McCormick Place | Chicago, IL

Submit application to exhibitcontracts@spargoinc.com Need Help? ascoexhibits@spargoinc.com | 703-631-6200 | 800-564-4220

Step 1: Contact Information (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 _____

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 Space Rental & Exhibitor Directory Upgrade Rates

Inline Rate: \$84.00 per square foot

Island Rate: \$99.00 per square foot

Corner Booth: Additional \$500.00 per open corner for inline booths

Booth Size: _____ (min. 10'x10') Booth Cost: \$ _____ Booth # Preferences: 1st _____ 2nd _____ 3rd _____

Enhance your visibility with a [Featured Listing](#) in the Exhibitor Directory.

Featured Listing Upgrade - Early Bird Rate: \$2,100 (applications received by June 3, 2024)

Featured Listing Upgrade - Regular Rate: \$2,500 (after June 3, 2024)

Exhibit Space Total \$ _____ + Directory Upgrade Total \$ _____ = **Total Cost** _____

Step 4: Payment and Cancellation

Deposit and Payment Schedule

Applications Received Through August 28, 2024	
50% of balance due by August 28, 2024	Remaining balance due by January 22, 2025

Applications Received August 29, 2024 Through January 21, 2025	
50% of balance due with application	Remaining balance due by January 22, 2025

Applications Received on January 22, 2025 or After	
100% due with application	

Cancellation Terms

By August 27, 2024	100% refund of contracted amount
August 28, 2024-January 21, 2025	50% refund of contracted amount
Beginning January 22, 2025	No refund

ASCO requires 50% payment no later than August 28, 2024 and full payment no later than January 22, 2025. Failure to make payments does not release the contracted or financial obligation of Exhibitor. Full refund if cancelled by ASCO without cause.

ASCO's banking and check remittance information has changed as of April 2024.

Make checks payable to ASCO and mail to: **ASCO • PO Box 1029 • Charlotte, NC 28201-1002**

New account number for ACH/Wire payments: **Truist Financial Account ending in 8316** (previously 0669)

For updated instructions please contact exhibitorservices@spargoinc.com.

Credit Card Payments

An invoice will be sent with instructions to submit a credit card payment online.

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 space must be staffed at all times during the published Exhibit Hall open hours and may not be torn down early. Exhibitor agrees to receive all written and electronic correspondence from ASCO, SPARGO, Inc., and official event contractors related to the 2025 and 2026 ASCO Annual Meeting. This exhibit application will become a contract upon Exhibitor's authorized signature and ASCO's acceptance and approval.

Exhibitor Signature _____ Date _____

Printed Name _____ Telephone _____