Application and Contract for Exhibit Space – 2019 Best of ASCO® Meetings

Bellevue, WA
July 19-20
Hyatt Regency Bellevue

Austin, TX
July 26-27
JW Marriott Austin

Baltimore, MD
August 2-3
Hilton Baltimore Inner Harbor

Exhibit Fee: $5,070: Includes one 6'L x 30"H draped table, one chair, carpet, standard exhibitor directory listing, and five complimentary full Meeting registrations. Exhibitors are limited to tabletop displays only; no freestanding displays allowed. **New this year!** Exhibit Space fee includes truncated Attendee List which includes, name, organization, city and state. The Attendee List will be sent via email one-week prior to the meeting.

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 _____

Contact Name_____ Title_____

Phone_____Email_____

Website_____ Address_____

City_____ State_____ Zip_____ Country_____

How did you hear about this meeting? _____

☐ 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: Select meetings by placing a check in the box and indicate the table number for your preferred exhibit locations.
Floor plans subject to change without notice. *Maximum of two (2) tables per company per meeting.*

Meetings	1st Choice Location	2nd Choice Location	3rd Choice Location
Bellevue			
Austin			
Baltimore			

Step 3: What products or services will you feature at your exhibit? (Required for approval)

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Step 4: Upgrade Your Exhibitor Directory Listing
All exhibitors receive a complimentary, basic listing in the print and online Exhibitor Directory, which includes:
- **Company name**
- **Address**
- **Website**.

Get the most out of your exhibit experience by upgrading to the **Premium Exhibitor Directory Listing**. This expanded listing includes the items listed above, **PLUS** a 500-character paragraph (in print and online), your company logo in online listing, and an enhanced listing icon on online floor plan and exhibitor list.

☐ **Yes, upgrade my Exhibitor Directory listing to the Premium Listing** ($495)

Step 5: Payment
100% payment is due with this application. Full payment required to secure exhibit space. Payment must accompany application to exhibit for the company to receive points under the *Guidelines on Prioritizing the Selection of Exhibit Space and Hotel Accommodations*. **Failure to make payments does not release the contracted or financial obligation of Exhibitor.**

Bellevue	Austin	Baltimore
☐ Exhibit Space – $5,070	☐ Exhibit Space – $5,070	☐ Exhibits Space – $5,070
☐ Premium Directory Listing: $495	☐ Premium Directory Listing: $495	☐ Premium Directory Listing: $495
Subtotal for Bellevue:	**Subtotal for Austin:**	**Subtotal for Baltimore:**
Grand Total (all meetings):		

Credit Card Payment
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.

Check Payment
Make checks payable to ASCO.

Mail check with copy of application to
ASCO Exhibits Mgmt., c/o SPARGO, Inc.
11208 Waples Mill Road, Suite 112
Fairfax, VA 22030

Step 6: Cancellation Policy and Acknowledgement
No refund if exhibiting company cancels. Cancellation of exhibit space includes cancellation of full Meeting registrations allotted with exhibit space. Full refund if ASCO cancels the meeting without cause.

Step 7: Exhibitor Signature Required
I acknowledge that 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*. Exhibitor agrees to receive all written and electronic correspondence from ASCO, SPARGO, Inc., and official event contractors related to the 2019 and 2020 Best of ASCO® Meetings. This exhibit space application will become a contract upon Exhibitor's authorized signature and ASCO's acceptance and approval. **Once you sign and submit this contract, you are bound to the contract terms and exhibit space fee.**

Exhibitor Signature_____ Date_____

Printed Name_____ Phone_____

Internal Use Only:
Authorized Signature_____ Date_____ Acct #_____ Table #_____