

2019 Breakthrough

A Global Summit for Oncology Innovators

Conference Dates: October 11-13, 2019

Centara Grand in CentralWorld – Bangkok, Thailand

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Section 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 Booth Signage.....

Contact..... Title.....

Tel..... 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.

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

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Section 3: Support Opportunity & Exhibit Space Rental

Platinum Support - \$300,000 **Other Support Opportunity:** _____

Gold Support - \$200,000 **Exhibit Opportunity** - \$15,000

Silver Support - \$75,000 **Total:** \$ _____

Section 4: Payment Information

Initials	Deposit and Payment Schedule
	February 13, 2019...50% due for applications submitted prior to February 13, 2019
	February 13, 2019 – June 13, 2019...50% due w/ application
	After June 13, 2019...Payment in full due w/ application

ASCO requires payment in full no later than June 13, 2019. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Section 5: Cancellation Penalties

Initials	Cancellation Penalties
	Through February 12, 2019 0%
	February 13, 2019 – June 13, 2019...50%
	After June 13, 2019...100%
	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, I have received, reviewed, and agree that Exhibitor will comply with the *Policies for Exhibitors and Other Organizations at ASCO Meetings* available on am.asco.org and that Exhibitor will comply with all updates of such policies applicable to 2019 Breakthrough. Exhibitor agrees to receive all written and electronic correspondence from ASCO, SPARGO, Inc., and official event contractors in reference to 2019 and 2021 Breakthrough. This application will become a contract upon Exhibitor's authorized signature and ASCO's acceptance and approval.

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

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