

Application and Contract for Exhibit Space

2019 Gastrointestinal (GI) Cancers Symposium

Symposium Date: January 17-19, 2019

Exhibit Dates: January 17-18, 2019

Moscone West Building – San Francisco, CA

Gastrointestinal
Cancers Symposium

January 17-19, 2019

Moscone West Building

San Francisco, CA

#GI19



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

Exhibit Fee: \$5,995; includes one 6' L x 42" H draped table, one stool, carpet, five complimentary full registrations, and perimeter security service. Exhibitors are limited to tabletop displays only. Freestanding displays are not permitted.

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

Step 3: Location Preferences (floor plan subject to change without notice)

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Step 4: Exhibitor Directory

All exhibitors receive a complimentary, basic listing in the print and online Exhibitor Directory, which includes the company name, address, and 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

- 500 character paragraph in print, online, and in the mobile app
- Company logo in the online and mobile listing
- Enhanced listing icon on online floor plan and exhibitor list

☐ **Yes, upgrade my Exhibitor Directory listing to the Premium Listing (\$795)**

Step 5: Meeting Room

Rent a [meeting room](#) in the exhibit hall. This opportunity allows you to book the only convenient and private meeting space available in the Symposium venue.

☐ **Yes, purchase a 200 sq. ft. meeting room (\$12,995)** ☐ **Yes, purchase a 1300 sq. ft. meeting room (\$18,995)**

Step 6: Payment

Exhibit Fee: \$5,995

Meeting Room (200 sq. ft.) \$12,995

Meeting Room (1300 sq. ft.) \$18,995

Premium Directory Listing: \$795

Total Amount Due: \$ _____

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.**

Credit Card Payment

Email completed application to exhibitcontracts@spargoinc.com and then call the Exhibits Finance Department at 703-631-6200 or 800-564-4220 with credit card.

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 Symposium registrations allotted with exhibit space. Full refund if meeting is canceled by ASCO without cause.

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 Gastrointestinal (GI) Cancers Symposium. This exhibit space application will become a contract upon Exhibitor's authorized signature and ASCO's acceptance and approval.

Exhibitor Signature _____ Date _____

Printed Name _____ Phone _____

Internal Use Only: Authorized Signature _____ Date _____ Acct # _____ Table # _____