

Application and Contract for Exhibit Space



2022 ASCO Gastrointestinal Cancers Symposium

Meeting Dates: January 20-22, 2022

Exhibit Dates: January 20-21, 2022

Moscone West | San Francisco, CA

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 _____ Title _____

Phone _____ Mobile _____

Email _____ Website _____

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, Meeting Room, and Exhibitor Directory Upgrade Rates

Standard Tabletop Rate: \$7,500 Tabletop Location Preferences: 1st _____ 2nd _____ 3rd _____

200 sq. ft. Meeting Room: \$16,500 **1,300 sq. ft. Meeting Room:** \$25,000

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

Directory Listing Upgrade: \$800

Exhibit & Meeting Room Total \$ _____ + Directory Upgrade Total \$ _____ = **Total Cost \$** _____

Step 4: Payment and Cancellation

ASCO requires 100% payment due with application. Failure to make payment does not release the contracted or financial obligation of Exhibitor. No refunds if the exhibiting company cancels. Cancellation of exhibit space includes cancellation of allocated exhibitor registrations. Full refund if cancelled by ASCO without cause.

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

Submit application to:

Email: exhibitcontracts@spargoinc.com

Credit Card Payments:

An invoice will be sent within three business days with instructions to submit a credit card payment online. Credit cards will also be accepted by phone at 703-631-6200 or 800-564-4220.

Need Help? Contact:

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

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). Exhibitor agrees to receive all written and electronic correspondence from ASCO, SPARGO, Inc., and official event contractors related to the 2022 and 2023 ASCO Gastrointestinal Cancers Symposium. This exhibit application will become a contract upon Exhibitor's authorized signature and ASCO's acceptance and approval.

Exhibitor Signature _____ Date _____

Printed Name _____ Telephone _____