

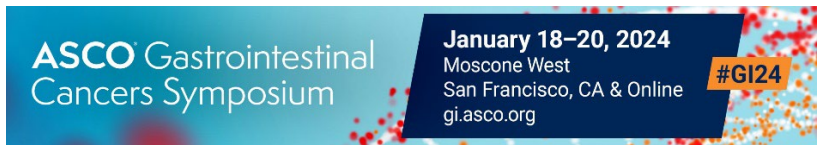
# Application and Contract for Exhibit Space, Meeting Rooms, and Enhancements

## 2024 ASCO Gastrointestinal Cancers Symposium

Meeting Dates: January 18-20, 2024

Exhibit Dates: January 18-19, 2024

Moscone West | San Francisco, CA



Submit application to [exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

Need Help? [giexhibits@spargoinc.com](mailto:giexhibits@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 \_\_\_\_\_

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](mailto:compliance.expo@spargoinc.com).

### Step 2: Products or Services to be featured: (required for approval) \_\_\_\_\_

### Step 3: Exhibit, Meeting Room, and Enhancements

Standard Exhibit Tabletop Rate: \$9,500      Tabletop # Location Preferences: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

200 sq. ft. Meeting Room: \$22,000       1,300 sq. ft. Meeting Room: \$33,500

Boost your visibility through [Enhancements](#).

Banquet Table Decals: \$7,500       Branded Spark Space Table: \$7,500       Carpet Decal: \$6,500  
*(5 Tables Per Set)*      *(Corporate Branding Only)*

Featured Exhibitor Directory Listing: \$950       Hydration Stations: \$4,000       Tables with Power Strips: \$20,000  
*(2 per set)*      *(Exclusive, 20 Tables and Strips)*

Exhibit & Meeting Room Total \$ \_\_\_\_\_ + Enhancements 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 includes cancellation of allocated exhibitor registrations. Full refund if cancelled by ASCO without cause.

ASCO's banking information has changed. For updated ACH and wire instructions, email [exhibitorservices@spargoinc.com](mailto:exhibitorservices@spargoinc.com).

Make checks payable to: ASCO

Mail check payment to:

ASCO Exposition Management., c/o SPARGO, Inc. • 11208 Waples Mill Road, Suite 112 • Fairfax, VA 22030

Credit Card Payments

An invoice will be sent 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.

### 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](http://asco.org/exhibits) (as may be amended from time to time). I understand that exhibit tables must be staffed at all times during the published Exhibit Hall open hours and may not be torn down early. Failure to comply with these policies may result in loss of Priority Points. Exhibitor agrees to receive all written and electronic correspondence from ASCO, SPARGO, Inc., and official event contractors related to the 2024 and 2025 ASCO Gastrointestinal Cancers Symposia. This application will become a contract upon Exhibitor's authorized signature and ASCO's acceptance and approval.

Exhibitor Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_