Application and Contract for Exhibit Space

contract upon Exhibitor's authorized signature and ASCO's acceptance and approval.

Exhibitor Signature_ Printed Name

Internal Use Only: Authorized Signature___

2019 Genitourinary (GU) Cancers Symposium Symposium Dates: February 14-16, 2019

Symposium Dates: February 14-16, 2019 **Exhibit Dates: February 14-15, 2019**Moscone West Building – San Francisco, CA

Genitourinary
Cancers Symposium

February 14-16, 2019
Moscone West Building
San Francisco, CA
#GU19

ASCO
ASTRO
SU0

Date____

___ Acct #_____ Table #____

Phone

Need Help? Contact guexhibits@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 Informa	tion (Contact informatic	on for the Exhibitor Directory	can be provided onlin	e after your application has been approved)	
Company Name for Exhibit	or Directory				
ContactTitle					
Phone Email					
Website		Address			
City		State	Zip	Country	
How did you hear about thi	is meeting?				
☐ I would like to receive To opt out of receiving thes				pportunities at current and future ASCO meetings.	
Step 2: Products or Serv	ices to be featured	(required for approval)			
Step 3: Location Prefere	ences (floor plan subject	t to change without notice)			
1st Choice	2 nd Choice	3 rd Choice		_	
· · · · · · · · · · · · · · · · · · ·	online and mobile listing on online floor plan and e or Directory listing to hibit hall. This opportunit	exhibitor list the Premium Listing (\$79 ty allows you to book the only	y convenient and priva	ate meeting space available in the Symposium venue.	
☐ Yes, purchase a 200 sq. ft Step 6: Payment Exhibit Fee: Meeting Room (200 sq. ft.) Meeting Room (1300 sq. ft.) Premium Directory Listing:	\$5,995	.,995) □ Yes, purchas	e a 1300 sq. ft. mee	eting room (\$18,995)	
Total Amount Due:	\$				
• •	Prioritizing the Selection	•	•	accompany application to exhibit for the company to receiver to make payments does not release the contracted or	
Credit Card Payment Email completed application to) <u>exhibitcontracts@spar</u> g	goinc.com and then call the E	xhibits Finance Depart	tment at 703-631-6200 or 800-564-4220 with credit card.	
Check Payment Make checks payable to ASCO.					
Mail check with copy of applica ASCO Exhibits Mgmt., c/o SPAF 11208 Waples Mill Road, Suite Fairfax, VA 22030	RGO, Inc.				
Step 7: Cancellation Po	olicy and Acknowle	edgement			
No refund if exhibiting compa meeting is canceled by ASCO w		of exhibit space includes cand	cellation of full Sympos	sium registrations allotted with exhibit space. Full refund if	
				n terms included in this agreement. Furthermore, I have received, Exhibitor agrees to receive all written and electronic	

correspondence from ASCO, SPARGO, Inc., and official event contractors related to 2019 and 2020 Genitourinary (GU) Cancers Symposium. This exhibit space application will become a

__ Date___