

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

2024 ASCO Genitourinary Cancers Symposium

Meeting Dates: January 25-27, 2024

Exhibit Dates: January 25-26, 2024

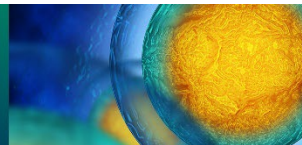
Moscone West | San Francisco, CA

ASCO Genitourinary
Cancers Symposium

January 25-27, 2024

Moscone West
San Francisco, CA & Online
gu.asco.org

#GU24



Submit application to exhibitcontracts@spargoinc.com

Need Help? guexhibits@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.

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: 1st _____ 2nd _____ 3rd _____

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.

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 (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 Genitourinary 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 _____