

Application and Contract for Exhibit Space and Featured Directory Listing

2024 Best of ASCO® Boston

Meeting Dates: July 19-20, 2024

Exhibit Dates: July 19-20, 2024

Westin Boston Seaport District | Boston, MA



Submit application to exhibitcontracts@spargoinc.com

Need Help? boaexhibits@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 and Featured Exhibitor Listing

☐ Standard Exhibit Tabletop Rate: \$7,000 Tabletop # Location Preferences: 1st _____ 2nd _____ 3rd _____

Boost your visibility through a [Featured Exhibitor Directory Listing](#).

☐ Featured Exhibitor Directory Listing: \$600

Exhibit Total \$ _____ + Featured Exhibitor Directory Listing 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.

ACH and Wire Payments

For 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 Best of ASCO Meetings. This application will become a contract upon Exhibitor's authorized signature and ASCO's acceptance and approval.

Exhibitor Signature _____ Date _____

Printed Name _____ Telephone _____