Application and Contract for Clinical Trials Directory

Directories will be accessible July 2022 through June 30, 2023.



Step 1: Contact Information

-		
Company Name		
Contact	Title	
Phone	Mobile_)
Email		ite
Address		
CitySta	ateZip	Country
☐ I would like to receive communication from ASCO opt out of receiving these messages at any time, co		garding opportunities at current and future ASCO meetings. Despargoinc.com.
Step 2: Clinical Trials Directory Opportuniti (Clinical Trials listing Compound/Device Name must be		ving page) View Directory Details
☐ Clinical Trials Directory – \$10,000 Per Listing		
Total # of Listings: Total	Discount/Fee*: \$	Total Cost: \$
*Purchase three or more and get a 20% discount or listing price.	n all listings. Non-exhibitir	ting companies may participate for a 20% premium fee above
		ted deadlines. All content is subject to ASCO approval. ASC ibility of the company contact to ensure the company's
ASCO requires 100% payment due with application.	i andio	lake checks payable to: ASCO
to make payment does not release the contracted or financial obligation of Company. No refunds if Comp cancels. Full refund if cancelled by ASCO without ca	any Ma iuse. AS	lail check payment to: SCO Exposition Management., c/o SPARGO, Inc. 1208 Waples Mill Road, Suite 112 ◆ Fairfax, VA 22030
Submit application to:	Cr	redit Card Payments:
Email: exhibitcontracts@spargoinc.com	An ins	an invoice will be sent within three business days with instructions to submit a credit card payment online. Credit ards will also be accepted by phone at 703-631-6200 or
Need Help? Contact: ascoexhibits@spargoinc.com 703-631-6200 800	00	00-564-4220.
Step 4: Acknowledgement		
Furthermore, I have received, reviewed, and agree ASCO Meetings available on asco.org/exhibits (as a	that Company will comply may be amended from tin Inc., and official event cor	ne payment and cancellation terms included in this agreemer oly with the Policies for Exhibitors and Other Organizations a time to time). Company agrees to receive all written and contractors related to the Clinical Trials Directory. This and ASCO's acceptance and approval.
Exhibitor Signature		Date
Printed Name		Telephone

Step 5: Clinical Trials Listing Compound (Drug) / Device Name (attach additional pages as needed) Clinical Trials Listing – Compound (Drug) / Device Name:

Clinical Trials Listing – Compound (Drug) / Device Name: _	
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