

Application and Contract for Pharmaceutical and Device Pipeline Directory

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



AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

Step 1: Contact Information

Company Name _____

Contact _____ Title _____

Phone _____ Mobile _____

Email _____ Website _____

Address _____

City _____ State _____ Zip _____ Country _____

☐ I would like to receive communication from ASCO and SPARGO, Inc. regarding opportunities at current and future ASCO meetings. To opt out of receiving these messages at any time, contact compliance.expo@spargoinc.com.

Step 2: Pharmaceutical and Device Pipeline Directory Opportunities

(Phase listing Compound/Device Name must be completed on the following page)

[View Directory Details](#)

☐ Pharmaceutical and Device Pipeline Directory – \$7,500 Per Listing

Total # of Listings: _____ Total Discount/Fee*: \$ _____ Total Cost: \$ _____

*Purchase three or more and get a 20% discount on all listings. Non-exhibiting companies may participate for a 20% premium fee above listing price.

The contact person provided above will receive all correspondence pertinent to the Directory, including the confirmation and fulfillment email, and will be responsible for completing and returning items by the stated deadlines. All content is subject to ASCO approval. ASCO reserves the right to make changes to content, as needed. It is the responsibility of the company contact to ensure the company's information is submitted accurately.

Step 3: Payment and Cancellation

ASCO requires 100% payment due with application. Failure to make payment does not release the contracted or financial obligation of Company. No refunds if Company cancels. Full refund if cancelled by ASCO without cause.

Submit application to:

Email: exhibitcontracts@spargoinc.com

Need Help? Contact:

ascoexhibits@spargoinc.com | 703-631-6200 | 800-564-4220

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 within three business days 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 4: Acknowledgement

As an authorized representative of the above stated Company, I agree to the payment and cancellation terms included in this agreement. Furthermore, I have received, reviewed, and agree that Company 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). Company agrees to receive all written and electronic correspondence from ASCO, SPARGO, Inc., and official event contractors related to the Pharmaceutical and Device Pipeline Directory. This application will become a contract upon Company's authorized signature and ASCO's acceptance and approval.

Company Signature _____ Date _____

Printed Name _____ Telephone _____

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

Early Phase 1 Listing – Compound (Drug) / Device Name: _____

Early Phase 1 Listing – Compound (Drug) / Device Name: _____

Early Phase 1 Listing – Compound (Drug) / Device Name: _____

Early Phase 1 Listing – Compound (Drug) / Device Name: _____

Early Phase 1 Listing – Compound (Drug) / Device Name: _____

Early Phase 1 Listing – Compound (Drug) / Device Name: _____

Phase 1 Listing – Compound (Drug) / Device Name: _____

Phase 1 Listing – Compound (Drug) / Device Name: _____

Phase 1 Listing – Compound (Drug) / Device Name:

Phase 1 Listing – Compound (Drug) / Device Name:

Phase 1 Listing – Compound (Drug) / Device Name:

Phase 1 Listing – Compound (Drug) / Device Name:

Phase 2 Listing - Compound (Drug) / Device Name: _____

Phase 2 Listing - Compound (Drug) / Device Name:

Phase 2 Listing - Compound (Drug) / Device Name:

Phase 2 Listing - Compound (Drug) / Device Name:

Phase 2 Listing - Compound (Drug) / Device Name:

Phase 2 Listing - Compound (Drug) / Device Name:

Phase 3 Listing - Compound (Drug) / Device Name: _____

Phase 3 Listing - Compound (Drug) / Device Name:

Phase 3 Listing - Compound (Drug) / Device Name: _____

Phase 3 Listing - Compound (Drug) / Device Name: _____

Phase 3 Listing - Compound (Drug) / Device Name: _____

Phase 3 Listing - Compound (Drug) / Device Name: _____

Beyond Phase 3 Listing - Compound (Drug) / Device Name: _____

Beyond Phase 3 Listing - Compound (Drug) / Device Name: _____

Beyond Phase 3 Listing - Compound (Drug) / Device Name: _____

Beyond Phase 3 Listing - Compound (Drug) / Device Name:

Beyond Phase 3 Listing - Compound (Drug) / Device Name:

Beyond Phase 3 Listing - Compound (Drug) / Device Name: