

ASCO ANNUAL MEETING

Meeting Dates: June 4-8, 2010

Exhibit Dates: June 5-7, 2010

McCormick Place ~ Chicago, Illinois



American Society of Clinical Oncology

Making a world of difference in cancer care

Section 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 Booth Signage.....
 Contact..... Title.....
 Tel..... Fax.....
 E-mail..... Website.....
 Address.....
 City..... State..... Zip..... Country.....

Section 2: Products or Services to be featured: (required for approval)

Section 3: Exhibit Space Rental Rates & Location Preferences

Zone A Inline: \$33.00 per square foot **Zone A Island:** \$37.00 per square foot

Zone B Inline: \$31.00 per square foot **Zone B Island:** \$35.00 per square foot

Corner Booth Additional \$50.00 per open corner for inline booths

Booth Size: _____ (min. 10'x10') Total Cost: \$ _____

Booth Preferences: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Section 4: Exhibitor Directory

Enhance your visibility at the Annual Meeting. For more information, visit www.asco.org/exhibits.

Extended Listing: \$1,000
(Includes 1/3-page listing)

Premium Listing: \$2,500
(Includes full-page listing)

Super Premium Listing: \$3,500
(Includes 4-color front placement)

Section 5: Payment Information

Initials	Deposit and Payment Schedule
	Through January 28, 2010...50% deposit due w/ application
	After January 28, 2010...Payment in full due w/ application
Space will not be held or confirmed without deposit. ASCO requires payment in full no later than January 29, 2010. Failure to make payments does not release the contracted or financial obligation of Exhibitor.	

Section 6: Cancellation Penalties

Initials	Cancellation Penalties
	Through September 2, 2009.....0%
	September 3, 2009 – January 28, 2010.....50%
	After January 28, 2010.....100%
	Full refund if canceled by ASCO without cause

Make checks payable to:
ASCO

Mail payments to: ASCO Exposition Mgmt., c/o J. Spargo & Associates, Inc.
11208 Waples Mill Road, Suite 112 ♦ Fairfax, VA 22030
Tel: 800-564-4220 ♦ Fax: 703-654-6931 ♦ E-mail: asco@jspargo.com

Credit Card Payment (Your signature authorizes your card to be charged for the total amount due according to the schedule above. ASCO reserves the right to charge the correct amount if different from the total listed.)

Visa MasterCard American Express Discover

Card Number: _____ Amount: \$ _____

Exp. Date: _____ Name on Card: _____ Signature: _____

Card Billing Address: _____

Section 7: Acknowledgement

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the *Policies for Exhibitors and Other Organizations at ASCO Meetings* available on www.asco.org/exhibits and that Exhibitor will comply with all updates of such policies applicable to the 2010 ASCO Annual Meeting, which will be made available in late 2009. I understand that Exhibitors must book housing through the ASCO Housing Center and that Exhibitors who fail to do so are subject to penalties for current and future ASCO Annual Meetings, including a surcharge of 10% on the exhibit space rental rate. This exhibit space application will become a contract upon Exhibitor's authorized signature and ASCO's acceptance and approval.

Exhibitor Signature..... Date.....

Printed Name..... Telephone.....