

AMERICAN SOCIETY OF PREVENTIVE ONCOLOGY (ASPO)
42nd Annual Meeting
March 10-13, 2018
Roosevelt Hotel, New York, NY

Exhibitor Application and Contract

Organization Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Name of staff attending conference: (one person included in exhibitor fee):

What days of meeting you plan to exhibit:

Sunday, March 11 (1pm - 7pm); Monday, March 12 (8am - 8pm) Tuesday, March 13, (8am - Noon)

Exhibitor Contract Deadline: February 19, 2018

(submissions after Feb. 19 will be included as a separate page in the program)

All Table Top Exhibits are located in registration area near refreshment breaks with very high visibility.

Exhibit Description: Please attach your exhibit description (50 words or less). This description will be included in the ASPO conference program on a separate "Exhibitors" page.

Exhibit Rates:

__ Attended or Unattended Table Top Display (6ft tables) for Corporations/Foundation..... \$750

__ Attended or Unattended Table Top Display (6ft tables) for Non-profits/Government Agencies/
Academic Institutions.....\$500

TOTAL AMOUNT DUE:.....\$ _____

Please make checks payable to: ASPO Federal Tax ID # 13-2945877

_____ (MC/Visa/Amex/Discover) _____ Check enclosed

Card number: _____ exp. date _____

Security code from credit card (from back of card) _____

Printed Name _____ Signature: _____

AGREEMENT

Exhibitor agrees to protect, save and hold the American Society of Preventive Oncology and all agents and employees thereof (hereinafter collectively called "Indemnities") forever harmless for any damages or charges imposed for violations of any law or ordinance, whether occasioned by the negligence of the Exhibitor or those holding under the Exhibitor, and further, Exhibitor shall at all times protect, defend, indemnify, save and hold harmless the indemnities against and from any and all losses, costs, damages, liability, or expenses (including attorney's fees) arising from or by reason of any accident or bodily injury or other occurrence to any person or persons, including Exhibitor, its agents, employees and business invites, which arises from or out of the exhibition premises, the hotel or any part thereof.

I have read and understood the ASPO Annual Meeting Exhibitor Application regarding exhibits and agree to abide by the stipulations set forth therein. I understand that allocation of exhibit space is not guaranteed by submission of this application and that ASPO will determine the eligibility of any company or product for exhibit. I understand that it is the sole responsibility of the exhibitor to obtain insurance covering the exhibitor's property, if the exhibitor deems such insurance necessary.

Name: _____

Signature _____ Date _____
(REQUIRED)

Please Return Application/Contract and Payment to:

ASPO
Attn: Heidi Sahel
330 WARF Building, 610 Walnut Street
Madison, WI 53726
tel: 608/263-9515
fax: 608/263-4497
e-mail: hasahel@wisc.edu