



**Exhibitor Application & Contract**  
**43rd Annual Meeting – March 9-12, 2019**  
Hilton Downtown Tampa Hotel, Tampa, Florida

Federal tax ID# 13-2945877

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of staff attending conference: (if table will be staffed):  
\_\_\_\_\_  
\_\_\_\_\_

What days of meeting do you plan to exhibit? :

Sunday, March 10 (1pm - 7pm); Monday, March 11 (8am - 8pm) Tuesday, March 12, (8am - Noon)

**Exhibitor Contract Deadline: February 15, 2019**

(submissions after Feb. 15 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.

**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  
e-mail: hasahel@wisc.edu