
Application/Contract for Exhibit Space

2010 Annual Cancer Symposium • St. Louis, MO

March 4-7, 2010

The Society of Surgical Oncology

85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460

Space will be assigned on a first-come, first-served basis upon receipt by SSO of a completed and signed application and a 50% deposit. Balance due on or before December 31, 2009. 100% of the total cost of exhibit space is required with completed application and signed agreement submitted after December 31, 2009. The application and signed agreement, when accompanied by the required deposit, and when countersigned by SSO shall become a binding contract in accordance with the terms of the agreement and all Rules & Regulations. Upon assignment of exhibit space, a copy will be returned with space assignment and balance due. Final payment is due by December 31, 2009. On January 22, 2010 and thereafter, an Exhibitor cancelling assigned exhibit space(s) shall be responsible for payment of the full booth rental fee for such assigned space(s).

PLEASE PRINT OR TYPE

Exhibitor Information for Listing in Cancer Symposium Program:

Company Name:

Website:

Mailing Address:

City:

State:

Zip:

Phone:

Fax:

Contact Name:

Title:

Contact to Whom Exhibit-Related Correspondence Should be Sent:

Contact Name:

Title:

Mailing Address:

City:

State:

Zip:

Phone:

Fax:

Email:

The undersigned applicant hereby applies for exhibit space at the 2010 SSO Annual Cancer Symposium and requests the following exhibit space(s) in order of preference. (Refer to the Official Floor Plan for exhibit space and booth numbers – page 14)

Space requested (indicate booth choices in order of preferences as selected from the floor plan.)

1st choice #

at \$

3rd choice #

at \$

2nd choice #

at \$

4th choice #

at \$

*We wish to avoid having our exhibit located adjacent to or opposite from the following company(s):

* Booth assignments are made on a first-come, first-served basis. Therefore, SSO cannot guarantee that you will not be placed next to the firms listed above.

Please list category of products or services that best describe what you will be displaying (i.e., Computer Hardware, Educational Material, Health Care Products, Office Management Systems, Pharmaceuticals, etc.)

Application/Contract for Exhibit Space

Booth Size	Total Cost	Total Deposit
10' x 10' (inside)	\$2,300	\$1,150
10' x 10' (corner)	\$2,550	\$1,275
Island Booths	\$27/sq ft	
Island Booths Larger than 20' (30'x30', 30'x40', etc.)	\$29/sq ft	

Method and Payment Schedule

50% deposit of total booth price and contract due for assignment of space (check or credit card).

50% balance due by **December 31, 2009**. 100% of total booth price with contract submitted after **December 31, 2009**.

Credit Card # _____ (Visa, Master Card, American Express) Security Code _____

Expiration Date: _____ Name on Card: _____

Signature: _____ Amount: _____

A description of products or services must be completed for publication in the program. (**Must be received by December 31**)

Note: Companies that have not exhibited at an SSO Annual Meeting must also submit product brochures and a photograph or sketch of the exhibit.

This agreement shall not be binding unless it is signed by an authorized representative of the applicant's firm and is accepted by SSO with the signature of SSO's Exhibit Manager.

Company Name: _____

Applicant's Signature: _____

Type or Print Name: _____

Title: _____ Date: _____

I hereby certify that I have read and will abide by the precepts of the SSO Exhibitors' Prospectus Guidelines, Rules & Regulations.

Date: _____ Signature of Applicant: _____

To guarantee Exhibit space at the SSO Annual Meeting, the required deposit must be forwarded to SSO with the signed application and agreement. Make check payable to SSO and mail to:

Dianne K. Kubis Exhibit Manager
Society of Surgical Oncology
85 W. Algonquin Road, Suite 550 • Arlington Heights, IL 60005-4460
Phone: (847) 427-1400; FAX: (847) 427-9656

To be Completed by SSO Cancer Symposium Management:

Space No.(s) Assigned: _____ Total charged for assigned space: \$ _____

Date Received: _____ Check No.: _____ Dated: _____ Amount Received: \$ _____

Balance Remaining: \$ _____ **Balance Due on or Before December 31, 2009**

Date Received: _____ Check No.: _____ Dated: _____ Amount Received: \$ _____

ACCEPTED FOR SSO: Signature: _____ Date: _____

Application Checklist:

- Have you... Signed the Application? Completed the Product/Service Description
 Included the 50% deposit for each 10' x 10' space
(made payable to Society of Surgical Oncology) or (SSO)

Please Complete Reverse Side

Request for Function Space

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Exhibition Dates: March 5-6, 2010

DEADLINE FOR RECEIPT: January 22, 2010

(Company Sales Meetings or SSO-Approved Activities ONLY, Not Industry-Sponsored Hospitality Suites or Functions)

Please complete ONE request for each function room requested.

Function Name: _____

Contact: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ or: (800) _____ FAX: () _____

Email: _____

Function Type

Sales Meeting Business Meeting Other Activity (to be approved by SSO)

Attendance

Company Personnel Physician/Company Other Number Attending _____

Function Day/Date: _____ **Time:** _____ am/pm until _____ am/pm _____

Function Day/Date: _____ **Time:** _____ am/pm until _____ am/pm _____

Room Needed Early for Special Set-up No Yes **Time:** _____

Setup Desired

Conference Hollow Square U-Shaped
 Theater Schoolroom Rounds
 Diagram Attached Cocktail Tables Other

Additional Specifications (Check all that apply)

Using Audio visuals Elevated Stage for Lectern/Head Table of _____
 Standing Lectern Only Other _____

Authorized Signature: _____ Date: _____

SSO Use Only

Date: _____ Time: _____ Room: _____ Facility: _____

Return form to:

The Society of Surgical Oncology
85 W. Algonquin Road, Suite 550, Arlington Heights, IL 60005-4460
Attn: Gina Seegers, Director of Meetings & Conventions
Phone: (847) 427-1400 • Fax: (847) 427-9656 • Email: ginaaseegers@surgonc.org

Hospitality Suites Form

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Exhibitors are required to inform SSO of a hospitality function. Submit this form to SSO **NO LATER THAN January 22, 2010**. You will then be contacted by the Hotel for your requirements.

Exhibiting Company: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

Hospitality Suite:

Description: _____

Location: (i.e. name of hotel, restaurant, etc.) _____

Date(s): _____

Proposed Entertainment: _____

If event is planned outside of hotel, will the exhibiting company be providing transportation for attendees?
Please indicate type of transportation to be utilized:

I/we have read the Guidelines for Hospitality Suite Functions outlined in the 2010 Exhibitors' Prospectus (page 2), and agree to abide by all SSO and hold harmless the Society of Surgical Oncology from and against any and all liability and claims and demands which may arise from or be asserted in connection with the foregoing undertakings and responsibilities.

Signature of Exhibitor: _____ Date: _____

Return form to:

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85 W. Algonquin Road, Suite 550
Arlington Heights, IL 60005-4460
ATTN: Gina Seegers, Director of Meetings & Conventions
Phone: (847) 427-1400
Fax: (847) 427-9656
Email: ginaseegers@surgonc.org