

# EXHIBIT APPLICATION FORM



Please complete this application and email to [tori.scatena@sgo.org](mailto:tori.scatena@sgo.org), fax to 1-312-235-4059, or mail by **Monday, Nov. 19, 2018.**

**I.** In accordance with the following terms, conditions and regulations governing exhibits at the SGO 2019 Winter Meeting at the Resort at Squaw Creek, Lake Tahoe, CA, the undersigned hereby makes application for tabletop exhibit space(s), which, when accepted by the Society of Gynecologic Oncology (SGO), becomes a contract. Terms and conditions are listed under Rules and Regulations, as well as those conditions under which tabletop exhibit space at the Resort at Squaw Creek is leased to SGO, are part of this contract.

**II. Company Information** - Please complete the following information exactly as it should appear in the Winter Meeting Program. Please also list primary contact information below, as this person will receive future communications from SGO.

Company Name	
Address	City
State/Province	Postal Code
Primary Contact Name	Phone Number
	Email

**III. Exhibitor Registration** - The following representatives will be present to exhibit for the above named company. A maximum of four (4) total registrants is allowed. If maximum number is exceeded, additional attendees must register at the non-member rate.

Contact Name (Complimentary)	Email	Contact Name (Complimentary)	Email
Contact Name (\$250 USD):	Email	Contact Name (\$250 USD)	Email

**IV. Payment Information** - Please make your selection from the following support options. Full payment is due with this contract by **Nov. 19, 2018.** All payments must be made in U.S. dollars.

**Joint Exhibit Opportunity:**

- Tabletop Exhibit      ☐ \$2,500 (Before Monday, Nov. 19)  
                                 ☐ \$3,000 (After Monday, Nov. 19)
- Additional Exhibitor      ☐ \$250
- Additional Exhibitor      ☐ \$250

TOTAL: \$ \_\_\_\_\_

<b>Payment Type</b> (please check one): <input type="radio"/> VISA <input type="radio"/> American Express <input type="radio"/> MasterCard <input type="radio"/> Check**	
Name as it appears on card	
Card Number	
Card Security Code	Expiration Date (MM/YY)
Card Holder Signature	Date

**V.** We agree to abide by all of the rules and regulations governing the tradeshow in the Exhibit Rules and Regulations, which are part of this contract, and found in the Exhibitor Prospectus. From time of signature of contract until Nov. 19, 2018, 50 percent will be refunded for all tabletop exhibit cancellations. After Nov. 19, 2018, there will be no refunds whatsoever.

Signature of Primary Contact	Date
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\*\*Make checks payable to:

Society of Gynecologic Oncology MEETINGS, 28656 Network Place,  
Chicago, IL 60673-1286, along with form of payment. SGO Federal Tax  
ID #237067756