

Gastrointestinal Cancers Symposium

January 23-25, 2020 | Moscone West Building | San Francisco, CA | #GI20

HOTEL ROOM DOOR DROP ORDER FORM

A high-profile advertising opportunity delivered directly to the attendee hotel room doors. The bags will be the first meeting related material attendees see. Exhibitors may place branded and/or corporate print pieces in the bags.

RATES*

| Distribution day | Cost |
|------------------|--------------|
| One day | \$10,000 net |
| Two-day package | \$19,500 net |

*Bags limited to a maximum of 10 inserts.

CLOSING DATES

| Space | Material proof | Inserts due |
|-------|----------------|-------------|
| 12/10 | 12/17 | 12/20 |

QUANTITY

2,750 per day, include 5% overage.

Sales contact

Advertising sales office
The Walchli Tauber Group, Inc.
2225 Old Emmorton Road, Suite 201
Bel Air, MD 21015
Tel (443) 512-8899
Fax (443) 512-8909
www.wt-group.com

Joe Frank, Jr., MSB
National Advertising Sales Manager
Extension 114
joseph.frank@wt-group.com

DISTRIBUTION

Takes place on the Thursday and Friday of the meeting, between 3 and 5AM. Partnering hotels will deliver the bags containing ad material to approximately 2,500 registered attendees of the GI Cancers Symposium.

MECHANICAL SPECIFICATIONS

Inserts must be printed material only. Standard inserts are limited to a maximum of four pages; contact sales representative for inserts over four pages.



SPACE
CLOSES
DEC. 10TH

OFFICIAL
MEETING
VENDOR



Gastrointestinal Cancers Symposium

Hotel Room Door Drop Advertising Terms

How to Reserve

1. Submit the Gastrointestinal Cancers Symposium Door Drop Agreement (page 3) to the Walchli Tauber Group, Inc. (WTG) by December 10, 2019.
 2. Send the Agreement and insert proof to the WTG by December 17, 2019.
 3. WTG will obtain approval of the ad from the Symposium co-sponsors and notify you within two business days of submission. If changes are necessary, you must submit the corrected insert for final approval.
 4. Once approved, inserts must be shipped to arrive by December 20, 2019.
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Shipping Address

Binderyonics
1250 Greenleaf Avenue
Elk Grove Village, IL 60007
Attn: Joe Fricke / Dan Griffin

Direct any questions to John Hamilton at (312) 567-7000.

Shipping Instructions

Pack each item in its own carton, place a sample on outside of carton, and label carton with the distribution date agreed upon (day 1 or day 2). Include packing list with: company and contact name, number of different items, number of cartons per item, and quantity per carton.

Terms and Conditions

1. Payment may be made by credit card (Master Card or Visa only), check paid directly to ASCO, or invoiced by WTG net 30 days.
 2. All sales are on a first come first served basis. No cancellations accepted.
 3. All rates are net prices.
 4. A late fee will be charged for materials received after the due date.
 5. ASCO has contracted with hotels for bag distribution to meeting attendees, but ASCO and WTG cannot guarantee all attendees will receive the door drop.
 6. Please be sure to submit 5% overs so all bags can contain your materials.
 7. Inserts should not exceed 8 ½ x 11 inches and 4 ounces. Call for pricing on larger inserts.
 8. A minimum of five inserts must be reserved for a particular day for the bags to be delivered. WTG and ASCO reserve the right to cancel any delivery in the event five inserts are not contracted for a particular day, and ASCO will refund 100% of monies paid. Bags limited to a maximum of 10 inserts.
 9. Agreement and materials subject to and contingent upon ASCO approval.
 10. ASCO encourages advertisers to use recycled paper for all printed materials.
 11. Advertiser agrees it will comply with all applicable laws, rules, and regulations and will hold ASCO harmless for any damage or claim related to its failure to do so.
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Gastrointestinal Cancers Symposium

Hotel Room Door Drop Advertising Agreement

To reserve space, return a signed copy via a secure service to Roland Keve of the Walchli Tauber Group, Inc. at roland.keve@wt-group.com.

Contact Information

Agency name: _____ Company/Product: _____
 Contact: _____ Title: _____
 Phone: _____ Fax: _____
 Email: _____ Website: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____

Billing Information

Contact: _____ Title: _____
 Phone: _____ Email: _____
 Purchase order: _____ Credit card: Yes: _____ No: _____

Insert Rates

| Number of inserts | Date of delivery | Pricing (2,750 per day) | Total |
|-------------------|----------------------|-------------------------|-----------------|
| _____ | Thursday, January 23 | \$10,000 | \$ _____ |
| _____ | Friday, January 24 | \$10,000 | \$ _____ |
| _____ | Two-day package | \$19,500 | \$ _____ |
| | Total cost | | \$ _____ |

Acknowledgement

I acknowledge that as an authorized representative of the above stated company, I have received, reviewed and agree to the Hotel Room Door Drop Terms and Conditions (page 2), total cost and method of payment.

Signature: _____ Date: _____
 Printed name: _____ Phone: _____