



ANCO

Educating and Empowering the
Northern California Cancer Community

4225 Solano Ave, #764
Napa, CA 94558
Telephone: 415.472.3960
www.anco.org

2026 EXHIBITOR AGREEMENT Conditions and Purpose for an Exhibitor/Vendor

Title of Activity:	Clinical Cancer Update 2026
Dates:	January 23 - January 25, 2026

Company Name:			
.....			
Address:			
.....			
City:	State:	Zip:	

Contact Person: Name & email:
Telephone:

Email address where the invoice should be sent:

Select one:

- The company listed above wishes to participate as a Premium Exhibitor for the above-named activity. Exhibitor fees are established at \$10,000 for ANCO Corporate Members and \$12,000 for non-members.*
- The company listed above wishes to participate as a Supporter for the above-named activity. Exhibitor fees are established at \$7,500 for ANCO Corporate Members and \$9,000 for non-members.*

ANCO invites organizations to support and participate in ANCO meetings and events in a manner that complies with the requirements in this Exhibitor Code of Conduct and complies with U.S. Food and Drug Administration (FDA) laws, regulations, and guidelines, including those regarding industry-supported scientific and educational activities, the Council of Medical Specialty Societies (CMSS) Code for Interactions with Companies, the PhRMA Code on Interactions with Healthcare Professionals, and the Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria. Organizations that violate any of the foregoing will be subject to disciplinary action.

Exhibitors receive the following benefits:

- (1) exhibit space in the ANCO exhibit hall
- Standard acknowledgement from the podium
- Acknowledgement in the course syllabus distributed to each registrant electronically
- (2) exhibitor attendees
- *Premium exhibit space* also includes (1) non-sales attendee badge

You agree that your exhibit space will be set up and ready at least 15 minutes before attendee registration begins and **will not be torn down until the end of the program, which may include a closing reception.**

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Indemnification: ANCO shall defend, indemnify and hold Company, its officers, employees and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or third party claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of ANCO, its officers, employees, agents, guests and invitees. Company shall defend, indemnify and hold ANCO, its officers, employees, agents, guests and invitees harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or third party claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Company, its officers, employees, and agents.

ANCO will in no event be liable to Company or to any third party for any damage to persons or property resulting from any act or omission of any other vendor, contractor, or supplier providing services under this Agreement.

Exhibit space is limited and **cannot be guaranteed until your signed exhibitor agreement has been received and accepted by ANCO.** Confirmation of exhibit space will be sent via email.

Display fees can be accepted via check, ACH, or credit card*

Payment in full must be received by January 5, 2026; otherwise, ANCO reserves the right to release your exhibit space to another company.

*There will be a 3.08% fee added if paying by credit card

Checks may be mailed to:

Association of Northern California Oncologists (ANCO)
4225 Solano Avenue, #764
Napa, CA 94558

FEIN 68-0213997

AGREED:	
Company Representative (name):	_____
Title:	_____
Signature:	Date: _____
ANCO Representative (name):	<u>Ashley Knies or Courtney Flookes</u>
Signature:	Date: _____

Return your signed and completed Exhibitor Agreement to Ashley Knies Ashley@anco.org. Confirmation of receipt and acceptance of your exhibit space reservation will be sent via email.

Cancellation/Refund Policy: Cancellations received prior to January 5, 2026, will be refunded, less a 10% administrative fee. No refunds will be made on cancellations received after that date.

Exhibitor agreements cancelled prior to ANCO receiving payment does not release the liability for funds due based on the stated cancellation policy.

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