



ANCO

Educating and Empowering the
Northern California Cancer Community

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94558

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The *Association of Northern California Oncologists* (ANCO) is the state oncology society for Northern California and the state/regional affiliate for the *American Society of Clinical Oncology* (ASCO). We have an active membership of more than 950 hematologists/oncologists in the community, at *Stanford University, UC Davis, and UC San Francisco*, and at *The Permanente Medical Group*.

ANCO is dedicated to assisting oncologists and their staff to deliver the highest quality patient care. Among ANCO's clearly defined objectives are:

- To provide clinical education to physicians and nurses as well as professional education to practice administrators.
- To disseminate the latest and best information impacting the practice of medical oncology to its members.

ANCO regularly organizes independent clinical and professional educational programs for its members to achieve these objectives.

Best of SABCS – West will take place on February 14, 2026 at the Intercontinental San Francisco at 888 Howard Street, San Francisco, 94103. We will start the conference with a welcome and an introduction of our supporters.

Support for this meeting is being sought at two levels from **our ANCO 2026 Corporate Members** :

- Major Supporter – provides 2 exhibitor badges, 2 industry meeting registrations, priority acknowledgment, and exhibit space for a fee of \$8,500
 - Supporter – provides 2 exhibitor badges and exhibit space for a fee of \$4,200
- Please note: persons with an exhibitor badge may attend the conference sessions space permitting.*

Exhibit space is limited and cannot be guaranteed. To **reserve** exhibit space, you must submit a signed exhibitor agreement (contract) that is **received and accepted by ANCO**. Confirmation of exhibit space will be sent via email.



ANCO

Educating and Empowering the
Northern California Cancer Community

Payment in full must be received by ANCO, two weeks prior to the start of the meeting. ANCO reserves the right to release your exhibit space to another company if payment is not received in full by **January 27, 2026**.

Please make your check payable to ANCO, 4225 Solano Ave, #764, Napa, CA 94558. Alternatively, you may also pay by credit card with the inclusion of a 3.08% fee. For your convenience, ANCO's FEIN is 68-0213997.

Past Best of SABCS – West programs have attracted an audience of approximately 125 physicians, nurses, and others.

Thank you for your anticipated support of the Best of SABCS – West. Please let me know if there is any additional information you need or processes ANCO should follow to fulfill your pledge of support.

Sincerely,

Ashley Knies

Ashley Knies
ANCO Member Relations Manager

Official Best of SABCS
Program Agenda

7:30 am – 8:30 am	Registration, Continental Breakfast, Visit with Exhibitors
8:30 am – 8:45 am	Welcome and Introduction of Program and Faculty Pre-Knowledge Assessment
8:45 am – 9:15 am	New Directions in Breast Cancer Survivorship and Approaches to Risk Reduction
9:15 am – 9:45 am	Insights in Translational Research and Resistance Mechanisms
9:45 am – 10:15 am	Biomarker Discoveries and Molecular Signatures
10:15 am – 10:30 am	Panel Questions and Answers session to include Patient Advocates
10:30 am – 10:45 am	Refreshment Break in Exhibits area
10:45 am – 11:15 am	Novel Therapeutics
11:15 am – 11:45 am	Advances in Approaches to Local-regional disease (surgical and radiation)
11:45 am – 12:45 pm	Lunch Break – Exhibits Open
12:45 pm – 1:15 pm	Updates in Early Breast Cancer
1:15 pm – 1:45 pm	Updates in Management of Metastatic Disease
1:45 pm – 2:00 pm	Panel Questions and Answers session to include Patient Advocates
2:00 pm – 2:15 pm	Clinical Controversies and Case Studies
2:15 pm – 2:30 pm	Wrap-up and Post Test
2:30 pm	Adjournment



ANCO

Educating and Empowering the
Northern California Cancer Community

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

202 EXHIBITOR AGREEMENT Conditions and Purpose for an Exhibitor/Vendor

Title of Activity:	e e Intercontinental San Francisco, 888 Howard Street, 94103
Dates:	February 14, 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 Major Supporter for the above-named activity. Exhibitor fees are established at \$8,500 for ANCO Corporate Members.*
- The company listed above wishes to participate as a Supporter for the above-named activity. Exhibitor fees are established at \$4,200 for ANCO Corporate 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
- *Major supporter* also includes (2) 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.**

Continued next page

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.

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Payment in full must be received by January 27, 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):	Ashley Knies or Courtney Flookes
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 27, 202 , 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.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Association of Northern California Oncologists

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.
 Individual/sole proprietor C corporation S corporation Partnership Trust/estate
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
 Other (see instructions) **Nonprofit corporation exempt under IRC Section 501(c)(6)**

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.
4 225Solano Ave, PMB 764

6 City, state, and ZIP code
Napa, CA 94 558

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

			-				-				
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or

Employer identification number

6	8	-	0	2	1	3	9	9	7
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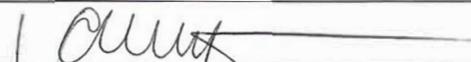
Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person  Date **10/14/2025**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they