

Advanced Cancer Therapies

Email to: kayce.henderson@spargoinc.com



SS02022.ORG | #SS02022

FUNCTION SPACE REQUEST

SSO 2022 – International Conference on Surgical Cancer Care Dallas, TX - March 9-12, 2022

Complete this form for **EACH** request and submit NO LATER THAN February 11, 2022

Company Name:	
Contact Person:	mail:
Mailing Address:	
Phone: F	ax:
PRIVATE FUNCTIONS & HOSPITALITY SUITES Ancillary companies are required to inform SSO of any institution meetings, company sales meetings, industry sponsored hospitality suites, functions or SSO approved activities held in conjunction with SSO 2022. Social functions that include any attendees may be open only during non-program hours and may not conflict with any SSO 2022 official function. Suites and meeting space are provided on a first-come, first-served basis. I/we have read the SSO General Rules and Regulations regarding Social Activities in the SSO HUB Manual and agree to abide by all SSO General	
Rules and Regulations and hold harmless the SSO 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.	
Print Name: Titl	e:
Applicant's Signature*: *By signing this form, I grant SSO permission to use this information in order to assign ancillary meeting space as requested for SSO 2022. I understand I will be contacted directly for payment details should my request be accepted.	
Function Name*: Facility:* *To be approved by SSO. Once assigned, the approved function will be planned directly with the hotel for all requirements, at the requestor's expense.	
Function Type: ☐ Sales Meeting ☐ Business Meeting ☐ Reception ☐ Other	
Number Attending: Attendance: Company Personnel Physician/Company Other MEETING SPACE Function Date: March, 2022 Start Time:am/pm End Time:am/pm *When possible, assigned meeting rooms will be held at least 30 minutes of the start time and end time. Setup Desired: Conference Hollow Square U-Shaped Theater Schoolroom Rounds Reception Other: Additional Specifications (Check all that apply):	
Audio Visual	
FEE to be charged: \$200 Name on Card:	(Checks payable to SSO)
Credit Card #: Exp Date:	
Signature*:	
Return form to: Society of Surgical Oncology c/o SPARGO, Inc. 11208 Waples Mill Road, Suite 106 Fairfax, VA 22030 Phone: (703) 679-3941	SSO Use Only Date Received: Date to Hotel:

Room Assigned:---