



EXHIBITOR REGISTRATION FORM

BADGE CONTACT

Name	Company
Phone	Email (Required)

REGISTRATION

Each company with an exhibit booth receives two complimentary exhibitor booth personnel registrations. These registrations are to be used by individuals who will be involved in the setup/dismantle of your booth or manning your exhibit during the meeting. Additional exhibitor registrations may be purchased. Please note that booth staff may attend sessions on a space available basis only.

Please indicate the individuals from your company who you would like to register for the Multidisciplinary Head and Neck Cancers Symposium. Please complete another form for additional badges.

EXHIBIT BOOTH PERSONNEL REGISTRANT 1

Name	Professional Suffix (i.e., MD, PhD, etc.)
Onsite Phone	Email (Required)

EXHIBIT BOOTH PERSONNEL REGISTRANT 2

Name	Professional Suffix (i.e., MD, PhD, etc.)
Onsite Phone	Email (Required)

ADDITIONAL EXHIBITOR REGISTRATIONS

Additional Exhibitor Booth Personnel registrations may be purchased. Please refer to the list below for registration rates:

Advance Registration (On or before February 9, 2024):
\$150 per Exhibitor Booth Personnel registration

On-site Registration (After February 9, 2024):
\$250 per Exhibitor Booth Personnel registration

HOW TO REGISTER

Fax: 703-631-6288
Mail: ASTRO
P.O. Box 417217
Boston, MA 02241-7217

QUESTIONS?

Phone: 1-800-541-6058 or 571-549-4534
Email: headandneckreg@spargoinc.com

CANCELLATION POLICY

- Refunds will be given only if written notification is received on or before **February 9, 2024**. NO REFUNDS will be given after this date.
- Telephone cancellations will not be accepted.
- All refunds are subject to a \$100 processing fee.
- Registration fees are nontransferable to another individual or meeting.
- Approved registration refunds will be processed 30 days after the conclusion of the meeting.

AMOUNT DUE

_____	x	_____	=	_____
Number of Additional Exhibitor Booth Personnel Registrations		Cost Each		Total Due

PAYMENT

Check payable to ASTRO (U.S. dollars drawn on U.S. bank)
Mail to: ASTRO, PO Box 417217, Boston, MA 02241-7217.

Upon receipt of your check payment, your registration will be processed at the current registration rates.

Credit Card: American Express Discover MasterCard Visa

If paying by credit card, please fax your completed form to 703-631-6288.

INITIAL REQUIRED TO PROCESS

By initialing this box, I agree to the [Attendee Policies](#) hereinafter collectively referred to as "Multidisciplinary Head and Neck Cancers Symposium Policies." In the event of any change to the Multidisciplinary Head and Neck Cancers Symposium Policies, the most up-to-date versions, available online at www.headandnecksymposium.org will be controlling. I also acknowledge and understand that ASTRO's Multidisciplinary Head and Neck Cancers Symposium Policies, including registration and use of any personal information obtained, are governed by [ASTRO's Terms of Use](#) and [Privacy Policy](#).

INITIAL REQUIRED TO PROCESS

By initialing this box I agree to comply with the [ASTRO Event Code of Conduct](#).