2018 Best of ASTRO
SCIENCE OF TODAY
HOPE FOR TOMORROW

NOVEMBER 30–DECEMBER 1, 2018
INTERCONTINENTAL SAN FRANCISCO
SAN FRANCISCO, CALIFORNIA

AMBASSADOR APPLICATION TO EXHIBIT

TABLETOP EXHIBIT: ☐ **Complimentary**
Includes: • One 6-foot table with two chairs
• Two exhibitor staff registrations
• Post-Show Attendee List *(must sign agreement below to receive)*

**Registration for exhibitor booth personnel is also required. Additional exhibitor registrations are available for purchase.*

☐ **PASSPORT TO PRIZES PROGRAM:** $200 to participate in this program
☐ ***PRE-SHOW LIST:** $500 (In Excel file format)
*All orders require a sample of the printed material to be mailed. WE CANNOT PROCESS YOUR ORDER UNTIL WE RECEIVE THIS SAMPLE.
Note: All orders will be processed no sooner than four weeks prior to the meeting.

CONTACT INFORMATION

Only the designated contact as provided below will receive all exhibit-related materials.

COMPANY | DBA (IF DIFFERENT FROM COMPANY NAME)

STREET

CITY | STATE | ZIP | COUNTRY

PHONE | FAX | EMAIL

CONTACT PERSON | TITLE

HAS YOUR COMPANY EXHIBITED WITH ASTRO BEFORE? ☐ YES ☐ NO

REASON FOR EXHIBITING: _____

COMPANY PRODUCT

Please indicate the category that describes your company's product best. (More than one may be selected)

☐ Brachytherapy ☐ Device/Equipment ☐ EMR/Data Management/IT ☐ Facility Construction/Design
☐ Financial/Insurance ☐ Imaging/Diagnostics ☐ Practice Management ☐ Pharmaceutical
☐ Recruitment and Staffing ☐ Treatment Planning ☐ Other _____

INSURANCE

Further, Exhibitor understands that by entering into this binding contract with ASTRO that Exhibitor must procure valid insurance in accordance with the term, limits and specifications as set forth in the 2018 Best of ASTRO Exhibitor Rules, Regulations and Policies available online at www.astro.org/BOAExhibitRules.

*Initial:*_____ *Date:*_____

TABLETOP EXHIBIT ACKNOWLEDGEMENT

As an authorized representative of the above stated Exhibitor, I have received and reviewed the 2018 Best of ASTRO Exhibitor Prospectus and the 2018 Best of ASTRO Exhibitor Rules, Regulations and Policies available online at www.astro.org/BOAExhibitRules, hereinafter referred to as "2018 Best of ASTRO Exhibitor Rules." Exhibitor agrees to comply with the 2018 Best of ASTRO Exhibitor Rules which are incorporated herein by reference and made part of this contract (as existing on the date hereof and as the same may be amended or changed). In the event of any change in the 2018 Best of ASTRO Exhibitor Rules, the most up-to-date versions, available online at www.astro.org/BOAExhibitRules, will be controlling.

I agree and understand that the contact information provided on this Application and Contract for Exhibit Space will be shared with other organizations assisting with the Best of ASTRO Meeting and other ASTRO initiatives.

The parties hereto agree that upon Exhibitor's authorized signature and ASTRO's acceptance and approval, this Application and Contract for Exhibit Space, together with the 2018 Best of ASTRO Exhibitor Rules, will constitute a legal and binding contract between exhibitor and ASTRO enforceable in accordance with its terms.

*Exhibitor Signature:*_____ *Date:*_____ *Printed Name:*_____ *Telephone:*_____

TABLETOP EXHIBIT LOCATION

Tabletop exhibits are assigned on a first-come, first-served basis with preference being given to meeting supporters and ambassadors. While every effort will be made to honor your specific request, we are unable to guarantee your request.

Top three desired tabletop exhibit numbers, in order of preference: 1. _____ 2. _____ 3. _____

ATTENDEE LIST LICENSE AGREEMENT

Must complete for pre and post show attendee list

I (We) understand and agree that this list order is for a one-time use only and is to be used only to send material herewith submitted for review by ASTRO. I (We) also agree to prevent duplication, transfer or reproduction of the labels or e-file, or information thereon, in any form whatsoever. A separate order form must be submitted and approved before using the list again. If unauthorized use is detected, I (we) understand that I (we) will be prosecuted to the full extent of the law as governed by the internal laws of Virginia. I (We) expressly consent to an injunction in the event on my breach of this licensing agreement and to the exclusive jurisdiction of the federal and states courts in Fairfax County, Virginia of any dispute concerning this licensing agreement. I (We) agree to pay reasonable attorney's fees incurred by ASTRO as a result of any breach of this licensing agreement.

Signature (REQUIRED) | Print Name

Mail House Signature (REQUIRED IF ONE WILL BE USED) | Print Mail House Name | Mail House Email

ASTRO APPROVAL (For ASTRO Use Only) **Application Accepted by:** _____

METHOD OF PAYMENT

Method of Payment: All applications must be accompanied with the booth fee.

☐ CREDIT CARD*: ☐ CHECK**

☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTERCARD ☐ VISA

CREDIT CARD NUMBER | CARD SECURITY CODE (CSC) | EXP. DATE

CARDHOLDER NAME (AS IT APPEARS ON CREDIT CARD)

BILLING ADDRESS - STREET

CITY | STATE | ZIP CODE | COUNTRY

SIGNATURE | DATE

Your signature authorizes your card to be charged for the total amount due according to the schedule above. ASTRO reserves the right to charge the correct amount if different from the total listed. Cardholder is responsible for any changes in the exchange rate.

Table Top Exhibit: Complimentary
Pre-Show List: $500
Passport to Prizes Participation: $200
Payment Total: _____

PAYMENT INFORMATION

***Credit Card Payment**
Fax Credit Card payment and application to: 703-286-1571.

****Check Payment**

Mail Check and copy of application to:
American Society for Radiation Oncology
P.O. Box 417217
Boston, MA 02241-7217
Make checks payable to ASTRO.

CANCELLATION POLICY
100 percent of the total space rental fee will be retained for cancellations.
All cancellations must be made in writing.

ASTRO