

All meetings, exhibits and activities conducted in conjunction with the Head and Neck Cancers Symposium will be required to adhere to hotel and state COVID-19 safety guidelines. Reduced capacity, mask wearing and social distancing may apply.

TABLETOP EXHIBIT: \$4,500 per space

- Includes: • One 6 foot table with two chairs • Participation in the Passport to Prizes Program
• Two exhibitor staff registrations • Postshow Attendee List (must sign agreement below to receive)

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

PRESHOW LIST: \$500 (In Excel file format)

All orders require a sample of the printed material to be mailed. ORDERS WILL NOT BE PROCESSED UNTIL SAMPLE IS RECEIVED BY ASTRO.
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 exhibit-related materials.

Company _____ DBA (if different from Company Name) _____

Contact Person _____ Title _____

Street _____

City _____ State _____ Zip _____ Country _____

Phone _____ Email _____

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

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 2022 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Rules, Regulations and Policies available online at www.headandnecksymposium.org/exhibitrules.

Initial: _____ Date: _____

TABLETOP EXHIBIT ACKNOWLEDGEMENT

As an authorized representative of the above stated Exhibitor, I have received and reviewed the 2022 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Prospectus and the 2022 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Rules, Regulations and Policies available online at www.headandnecksymposium.org/exhibitrules, hereinafter referred to as "2022 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Rules." Exhibitor agrees to comply with the 2022 Multidisciplinary Head and Neck Cancers Symposium 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 2022 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Rules, the most up-to-date versions, available online at www.headandnecksymposium.org/exhibitrules, 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 Multidisciplinary Head and Neck Cancers Symposium Meeting and other ASTRO initiatives, to receive all written and electronic correspondence from ASTRO and SPARGO, Inc. in reference to the 2022 Multidisciplinary Head and Neck Cancers Symposium and all future ASTRO events.

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 2022 Multidisciplinary Head and Neck Cancers Symposium 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 postshow 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 not to duplicate, disseminate, reuse, transfer or reproduce the ASTRO mailing list, labels or e-file, or any of the information therein (collectively "Mailing List Information"), in any form whatsoever. I (We) will ensure that all members of our organization, including but not limited to, all volunteers, employees, contractors or other affiliated parties, are aware of and abide by these terms and will maintain the security of this information in accordance with industry standards, will comply with any applicable privacy laws including fulfilling data access and deletion requests, and will delete the Mailing List Information after our one-time use. If I (We) plan to share any of the Mailing List Information with a third party, such as a mail house, I (We) will require that third party agree to the terms herein and sign the Third Party Addendum provided by ASTRO for this purpose, prior to sharing any Mailing List Information with them. I (We) have indicated below the name(s) of the mail house and/or other third party(ies) we will use. I (we) understand that I (we) are only authorized to use Mailing List Information once. A separate order form must be submitted and approved before using the Mailing List Information again. If unauthorized use is detected, I (we) understand that I (we) will be prosecuted to the full extent of the law. This agreement shall be construed and governed in accordance with the laws of the Commonwealth of Virginia. I (We) expressly consent to an injunction in the event of breach of this licensing agreement and to the exclusive jurisdiction of the federal and state courts in Fairfax County, Virginia, for 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 _____

I intend to use a mail house/third party. Yes No Check here if you **do not** plan to send out a mailing using the Preshow Mailing Attendee List.

ASTRO APPROVAL (For ASTRO Use Only)

Application Accepted by: _____

METHOD OF PAYMENT: All applications must be accompanied with the booth fee.

CHECK PAYMENT

If paying by check, please email Application and Contract for Exhibit Space to astroexhibits@spargoinc.com. All applications must be accompanied with the full exhibit fee. Please mail original application with check made payable to ASTRO to:

For Standard Mail:
ASTRO
P.O. Box 417217
Boston, MA 02241-7217

For Overnight Delivery:
Bank of America Merrill Lynch Lockbox Services
Lockbox #417217, MA5-527-02-07
2 Morrissey Blvd, Dorchester, MA 02125

CREDIT CARD PAYMENT:

Credit card payments can only be accepted via phone at 703-631-6200 or 1-800-564-4220 or online. You will receive instructions upon invoicing with a log in to your account to pay online.

CANCELLATION POLICY:

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

Please submit your completed application to astroexhibits@spargoinc.com.