



## SPONSOR REGISTRATION FORM

### BADGE CONTACT

|       |         |
|-------|---------|
| Name  | Company |
| Phone | Email   |

### REGISTRATION

Full-conference registration includes access to the sessions, Exhibit Hall and food and beverage events. Please refer to the chart to the right for the number of complimentary registrations your company is entitled to receive based on your sponsor level.

Please indicate the individuals that you would like to register for the Symposium:

| COMPLIMENTARY REGISTRATION |                                    |
|----------------------------|------------------------------------|
| Supporter Level            | No. of Complimentary Registrations |
| Platinum                   | 8                                  |
| Gold                       | 4                                  |
| Silver                     | 2                                  |
| Bronze                     | 1                                  |

|              |   |   |       |     |         |
|--------------|---|---|-------|-----|---------|
| REGISTRANT 1 | Name  | Professional Suffix (i.e., MD, PhD, etc.) | Email |     |         |
|              | Company   | Phone                                     |       |     |         |
|              | Address   | City                                      | State | Zip | Country |
|              | <input type="checkbox"/> Virtual Meeting (\$75) |   |       |     |         |
| REGISTRANT 2 | Name  | Professional Suffix (i.e., MD, PhD, etc.) | Email |     |         |
|              | Company   | Phone                                     |       |     |         |
|              | Address   | City                                      | State | Zip | Country |
|              | <input type="checkbox"/> Virtual Meeting (\$75) |   |       |     |         |
| REGISTRANT 3 | Name  | Professional Suffix (i.e., MD, PhD, etc.) | Email |     |         |
|              | Company   | Phone                                     |       |     |         |
|              | Address   | City                                      | State | Zip | Country |
|              | <input type="checkbox"/> Virtual Meeting (\$75) |   |       |     |         |
| REGISTRANT 4 | Name  | Professional Suffix (i.e., MD, PhD, etc.) | Email |     |         |
|              | Company   | Phone                                     |       |     |         |
|              | Address   | City                                      | State | Zip | Country |
|              | <input type="checkbox"/> Virtual Meeting (\$75) |   |       |     |         |
| REGISTRANT 5 | Name  | Professional Suffix (i.e., MD, PhD, etc.) | Email |     |         |
|              | Company   | Phone                                     |       |     |         |
|              | Address   | City                                      | State | Zip | Country |
|              | <input type="checkbox"/> Virtual Meeting (\$75) |   |       |     |         |



## SUPPORTER REGISTRATION FORM

REGISTRANT 6

|   |   |       |     |         |
|---|---|-------|-----|---------|
| Name  | Professional Suffix (i.e., MD, PhD, etc.) | Email |     |         |
| Company   | Phone                                     |       |     |         |
| Address   | City                                      | State | Zip | Country |
| <input type="checkbox"/> Virtual Meeting (\$75) |   |       |     |         |

REGISTRANT 7

|   |   |       |     |         |
|---|---|-------|-----|---------|
| Name  | Professional Suffix (i.e., MD, PhD, etc.) | Email |     |         |
| Company   | Phone                                     |       |     |         |
| Address   | City                                      | State | Zip | Country |
| <input type="checkbox"/> Virtual Meeting (\$75) |   |       |     |         |

REGISTRANT 8

|   |   |       |     |         |
|---|---|-------|-----|---------|
| Name  | Professional Suffix (i.e., MD, PhD, etc.) | Email |     |         |
| Company   | Phone                                     |       |     |         |
| Address   | City                                      | State | Zip | Country |
| <input type="checkbox"/> Virtual Meeting (\$75) |   |       |     |         |

### HOW TO REGISTER

**Fax:** 703-574-8332

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

### QUESTIONS?

**Phone:** 1-800-541-6058 or 571-549-4534

**E-mail:** headandneckreg@spargoinc.com

### CANCELLATION POLICY

- Telephone cancellations will not be accepted. Please email cancellations to headandneckroreg@spargoinc.org.
- If you cancel after February 2, 2022, and DO NOT receive a refund, you can still have access to the Virtual Meeting (if purchased).
- Registration fees are not transferable.
- Canceling your registration does not automatically cancel your hotel reservation. To cancel your hotel reservation, please contact headandneckreg@spargoinc.org.

### REFUND POLICY

- Registration fee refunds will be given only if written notification is received on or before February 2, 2022.
- Registration fee refunds are subject to a \$100 processing fee.
- Registration refunds will be processed 30 days after the conclusion of the meeting.

### AMOUNT DUE

$$\frac{\text{Number of Virtual Meeting Purchases}}{\text{Number of Virtual Meeting Purchases}} \times \frac{\$75}{\text{Cost Each}} = \text{Total Due}$$

### PAYMENT

Check, payable to ASTRO (U.S. dollars drawn on U.S. bank)

Credit Card:  American Express  Discover  MasterCard  Visa

I agree to the registration cancellation policy and authorize my credit card to be charged for registration fees to attend the 2022 Multidisciplinary Head and Neck Cancers Symposium. Show Management reserves the right to charge the correct amount if different from the total listed.

|                                 |                 |         |          |
|---------------------------------|-----------------|---------|----------|
| Last Four of Credit Card Number | Expiration Date |         |          |
| Cardholder Name                 | Signature       |         |          |
| Billing Address - Street        |                 |         |          |
| City                            | State           | Country | ZIP Code |