



**mhncs**

MULTIDISCIPLINARY  
HEAD AND NECK  
CANCERS SYMPOSIUM

ACCELERATING COLLABORATIVE SCIENCE  
AND PATIENT-CENTERED CARE

JW MARRIOTT DESERT RIDGE | PHOENIX | FEBRUARY 29 – MARCH 2, 2024



**Deadline: January 11, 2024**

## PRESHOW ATTENDEE LIST ORDER FORM

All eligible exhibiting companies that would like to receive the 2024 Multidisciplinary Head and Neck Cancers Symposium Preshow Attendee List must complete the following order form. Eligible exhibiting companies are defined as confirmed (paid in full) Exhibitors who are not membership based organizations. The list will be sent via email and will be in an Excel file format. For privacy reasons, name and address information will be included on the list, but no email addresses or phone numbers. Please note that per ACCME requirements, attendees will be given the option to decline to have their name and contact information on this mailing list. This may result in the final list having fewer names than previous years.

### CONTACT INFORMATION

EXHIBITING COMPANY

CONTACT PERSON

SHIPPING ADDRESS

CITY

STATE

ZIP

COUNTRY

PHONE

EMAIL

**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.*

Check here if you do not plan to send out a mailing using the Preshow Attendee List.

### PRESHOW LIST COST

Preshow List: \$500

### LICENSE AGREEMENT

Organization understands and agrees 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. Organization also agrees 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. Organization further agrees that it will maintain the security of this information in accordance with industry standards, will comply with any applicable privacy laws, including fulfilling data access and data deletion requests, and will delete the Mailing List Information after the one-time use, including providing certification of such deletion upon written request. Organization shall limit access to the Mailing List Information to those volunteers, employees, contractors, subcontractors, including mail houses ("Recipients") that have a need to receive such information and will ensure that Recipients are aware of and agree to abide by these terms. If Organization plans to share any of the Mailing List Information with a third party, such as a mail house, it will require that third party provide written agreement to the terms herein and has indicated below the name(s) of such mail house and/or other third party(ies). Organization understands that it is 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, Organization understands that it 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. Organization expressly consents to an injunction in the event of breach of this licensing agreement and to the exclusive jurisdiction of the federal and state courts in Arlington County, Virginia, for any dispute concerning this licensing agreement. Organization agrees to indemnify ASTRO and the meeting co-sponsors against all costs, claims, damages, or expenses, including reasonable attorney's fees, incurred as a result of any breach of this licensing agreement.

I intend to use a mail house/third party.  Yes  No

**I certify that I am authorized to sign this order form and License Agreement on behalf of Exhibiting Company listed above.**

SIGNATURE (REQUIRED)

DATE

TITLE

If we intend to share Mailing List Information with a mail house or any other third party(ies), the name(s) and contact information are listed here:

PRINT MAIL HOUSE/THIRD PARTY COMPANY NAME(S)

MAIL HOUSE/ THIRD PARTY CONTACT NAME

MAIL HOUSE/ THIRD PARTY CONTACT EMAIL ADDRESS

### PAYMENT INFORMATION

An invoice with payment instructions will be sent to you 3-5 business days after receiving this form submission.

**QUESTIONS? Please contact the ASTRO Meetings Department.**

Phone: 703-286-1568 | Email: meetings@astro.org

**SUBMIT FORM TO:**

Email: meetings@astro.org