

TREATMENT OF OLIGOMETASTATIC DISEASE

CLOSER TO THE CURE

EXHIBITOR APPLICATION

- TABLETOP EXHIBIT:** \$2,000 per space.
This fee 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.*

- 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.

MEETING SPONSORSHIP ADD ONS NEW THIS YEAR! Bundle your exhibit space with meeting sponsorship add-ons to promote your brand	<input type="checkbox"/> Gold Level Additional \$5,000	<input type="checkbox"/> Silver Level Additional \$3,000	<input type="checkbox"/> Bronze Level Additional \$1,000
• Complimentary Full-Conference Registration(s):			
• Two Registrations	✓		
• One Registration		✓	
• Ability to reserve rooms at host hotel			
• Two Rooms	✓		
• Name recognition in Program	✓	✓	✓
• ASTRO website recognition	✓	✓	✓
• Opportunity to bundle one Sponsorship Opportunities of comparable value.	✓	✓	✓
• Pre-show attendee list (\$500 value)	✓		

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

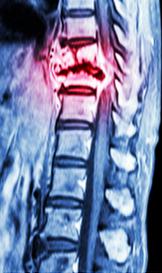
Please indicate the category that describes your company's product best. (More than one may be selected)

- 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 2019 Research Workshop Exhibitor Rules, Regulations and Policies available online at www.astro.org/ResearchExhibitRules.

Initial: _____ Date: _____



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TABLETOP EXHIBIT ACKNOWLEDGEMENT

As an authorized representative of the above stated Exhibitor, I have received and reviewed the 2019 Research Workshop Sponsorship Brochure and the 2019 Research Workshop Sponsorship Brochure Exhibitor Rules, Regulations and Policies available online at www.astro.org/ResearchExhibitRules, hereinafter referred to as "2019 Research Workshop Sponsorship Brochure Exhibitor Rules." Exhibitor agrees to comply with the 2019 Research Workshop Sponsorship Brochure 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 2019 Research Workshop Sponsorship Brochure Exhibitor Rules, the most up-to-date versions, available online at www.astro.org/R/ResearchExhibitRules, 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 2019 Research Workshop Sponsorship Brochure 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 2019 Research Workshop Sponsorship Brochure 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: _____

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 Arlington 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:	\$2,000
Pre-Show List:	\$500
Gold Level:	\$7,000
Silver Level:	\$5,000
Bronze Level:	\$3,000
PAYMENT TOTAL:	<input type="text"/>

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.

