ASTRO RESEARCH WORKSHOP

TREATMENT OF OLIGOMETASTATIC DISEASE
CLOSER TO THE CURE

JUNE 13-14, 2019
WASHINGTON, DC

WWW.ASTRO.ORG/RESEARCHWORKSHOP

PROMOTIONAL SPONSORSHIP OPPORTUNITIES
MEETING SPONSORSHIP OPPORTUNITIES

GOLD ($7,000)*
• Two (2) complimentary full-conference registrations.
• Ability to reserve block of two (2) rooms at host hotel.
• Name recognition in the Program.
• Opportunity to bundle one Sponsorship Opportunity of comparable value.
• ASTRO website recognition.
• Pre-show attendee list.

SILVER ($5,000)*
• One (1) complimentary full-conference registration.
• Name recognition in the Program.
• Opportunity to bundle one Sponsorship Opportunity of comparable value.
• ASTRO website recognition.

BRONZE ($3,000)*
• Name recognition.
• Opportunity to bundle one Sponsorship Opportunities of comparable value.
• ASTRO website recognition.

Exclusive opportunity for sponsors to exhibit!

All sponsorship levels include:
• Tabletop display.
• Exhibitor Listing in the Program.
• Listing on the website.
• Post-show attendee list.

For more information, please email: corporaterelations@astro.org or call 703-502-1550.
SPONSORSHIP OPPORTUNITIES

Industry-Expert Theater ($5,000)
Enhance the educational element of your company’s noteworthy products and services with a presentation during your Industry-Expert Theater. The Industry-Expert Theater provides your company with a unique and effective marketing opportunity to hold live promotional presentations or activities designed to raise awareness of featured services and products. Sponsorship includes meeting space, general AV equipment, pre-show mailing list, signage and promotion at the host hotel.

Advisory Board Meeting ($2,500)
Take advantage of more than 150 expected attendees by holding your Advisory Board meeting in the convenience of the host hotel. Signage will be included. All other costs associated with your meeting will be the responsibility of the sponsor.

Pre-Show Attendee List ($500)
The pre-show attendee list is available to rent three to four weeks before the meeting. Promote your company’s participation in this workshop by sending a mailing directly to attendees.

PROMOTIONAL OPPORTUNITIES

Final Program ($3,000)
A comprehensive meeting information book available to attendees, the Pocket Program contains information on all aspects of the meeting. Sponsors receive two full page displays to include the inside front cover and back cover.

Scientific Poster Session ($2,500)
Attendees are invited to view the posters on the afternoon of Thursday, June 13. The sponsor will enjoy name recognition on signage leading up to and throughout the event, including the final program and any printed promotional material.

Premier Display Banner ($2,000)
These large colorful banners are positioned in prominent locations and provide unparalleled visibility for your corporate display at the FHI360 Conference Center.

Travel Award ($1,000)
Provide the opportunity for a junior faculty member or resident to attend and showcase their work at the conference.

For more information, please email: corporaterelations@astro.org or call 703-502-1550.
TECHNICAL EXHIBITS

TERMS OF PAYMENT AND CANCELLATION

Payment
• All applications for exhibit space must include full booth payment.
• No booth space will be assigned until all payment conditions are met.

Cancellation
• 100 percent of the total booth fee will be retained for cancellations.
• All cancellations must be made in writing to ASTRO.
• Exhibit fees are not transferable to another meeting.
• Failure to make payment does not release the exhibitor from any contractual financial obligation.

SPACE ASSIGNMENT
Space will be assigned on a first-come, first-served basis with preference being given to meeting supporters, ASTRO Ambassadors and ASTRO Corporate Members.

EXHIBIT ELIGIBILITY
ASTRO views the Exhibit Hall as an integral part of the educational and scientific program. Qualified exhibitors are limited to firms, organizations and agencies whose exhibits promote an awareness of products, technologies and services that are recognized and approved by ASTRO as being in harmony with, and supportive of, the objectives of the 2019 ASTRO Research Workshop – Treatment of Oligometastatic Disease: Closer to the Cure. ASTRO has the sole right to determine the final eligibility/qualification of any firm, organization, agency or product for inclusion in the Exhibit Hall. Rulings of ASTRO shall, in all instances, be final with regard to allowed use of exhibit space.

Exhibitors may not assign, sublet or apportion to others the whole or any part of the space to which they are allocated. Only those products and/or services that are manufactured or distributed by your company may be displayed in the Exhibit Hall.

EXHIBIT HALL RATES

General Exhibit Fee: $2,000

Exhibit Fee Includes:
• Post-show attendee list
  *Please note that exhibitors will be required to sign a licensing agreement prior to obtaining the list and eligibility requirements apply.
• Exhibitor listing in the final program
• Two exhibitor registrations
  *Additional exhibitor registrations are available for purchase.
• One 6ft draped table with two chairs
• Access to all sessions on a space available basis
• Meals served during the workshop

QUESTIONS?
If you have questions about exhibiting at the upcoming 2019 Research Workshop, please contact Meetings@astro.org.

SCHEDULE

EXHIBITOR SET UP
Wednesday, June 12
2:00 PM - 4:00 PM

WORKSHOP HOURS
Thursday, June 13
8:00 AM - 5:15 PM

Friday, June 14
8:00 AM - 11:45 AM
# MEETINGS OPPORTUNITIES RESPONSE FORM

**Yes, my company would like to sponsor the 2019 Research Workshop.**

- **Gold** $7,000+  
- **Silver** $5,000+  
- **Bronze** $3,000+

**SPONSORSHIP OPPORTUNITIES**

- Industry-Expert Theater $5,000
- Advisory Board Meeting $2,500
- Pre-show Attendee List $500

**TOTAL AMOUNT**

**CORPORATION**

**CONTACT PERSON**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**TELEPHONE**

**FAX**

**EMAIL**

**PROMOTIONAL OPPORTUNITIES**

- Final Program $3,000
- Scientific Poster Session $2,500
- Premier Display Banner $2,000
- Travel Award $1,000

**PLEASE REMIT FORM TO:**

ASTRO CORPORATE RELATIONS DEPARTMENT  
251 18th St. South, 8th Floor  
Arlington, VA 22202  
**Phone:** 703-502-1550  
**Fax:** 703-839-7345  
**Email:** corporaterelations@astro.org
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).

☐ 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

<table>
<thead>
<tr>
<th></th>
<th>Gold Level Additional $5,000</th>
<th>Silver Level Additional $3,000</th>
<th>Bronze Level Additional $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complimentary Full-Conference Registration(s):</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Two Registrations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Registration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to reserve rooms at host hotel</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Rooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name recognition in Program</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ASTRO website recognition</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Opportunity to bundle one Sponsorship Opportunities of comparable value.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pre-show attendee list ($500 value)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:_____________
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 of 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

METHOD OF PAYMENT

Method of Payment:  
☐ 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.