

ASTRO RESEARCH WORKSHOP

# TREATMENT OF OLIGOMETASTATIC DISEASE

CLOSER TO THE CURE

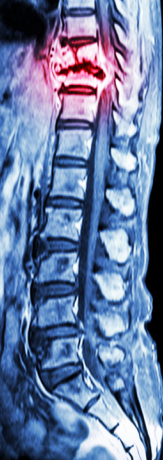
**JUNE 13-14, 2019**  
**WASHINGTON, DC**

[WWW.ASTRO.ORG/RESEARCHWORKSHOP](http://WWW.ASTRO.ORG/RESEARCHWORKSHOP)

PROMOTIONAL SPONSORSHIP  
OPPORTUNITIES

**ASTRO**  
AMERICAN SOCIETY FOR RADIATION ONCOLOGY

**RSNA**<sup>®</sup>  
Radiological Society  
of North America



# 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)\*

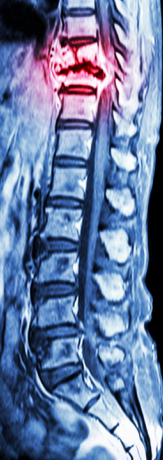
- Name recognition.
- Opportunity to bundle one Sponsorship Opportunities of comparable value.
- ASTRO website recognition.

### 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](mailto:corporaterelations@astro.org) or call 703-502-1550.



# SPONSORSHIP AND PROMOTIONAL OPPORTUNITIES

## 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)

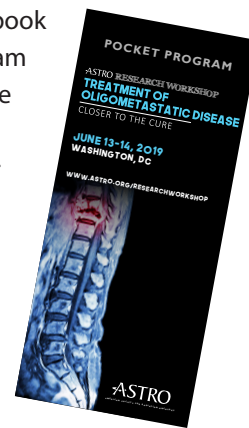
The pre-show attendee list is available to rent three to four weeks before the meeting. Promote your company's participation in this workshop by sending a mailing directly to attendees.



## 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.

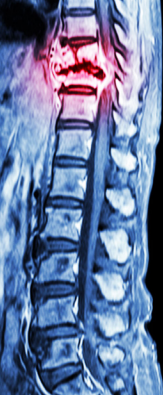
### Premier Display Banner (\$2,000)

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](mailto: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

## SCHEDULE

### EXHIBITOR SET UP

Wednesday, June 12  
2:00 PM - 4:00 PM

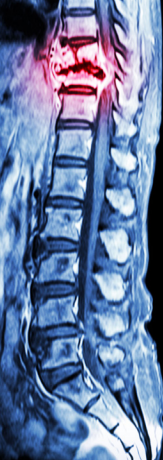
### WORKSHOP HOURS

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

Friday, June 14  
8:00 AM - 11:45 AM

## QUESTIONS?

If you have questions about exhibiting at the upcoming 2019 Research Workshop, please contact [Meetings@astro.org](mailto:Meetings@astro.org).



# 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

- |  |         |
|--|---------|
| <input type="checkbox"/> Industry-Expert Theater | \$5,000 |
| <input type="checkbox"/> Advisory Board Meeting  | \$2,500 |
| <input type="checkbox"/> Pre-show Attendee List  | \$500   |

## PROMOTIONAL OPPORTUNITIES

- |  |         |
|--|---------|
| <input type="checkbox"/> Final Program             | \$3,000 |
| <input type="checkbox"/> Scientific Poster Session | \$2,500 |
| <input type="checkbox"/> Premier Display Banner    | \$2,000 |
| <input type="checkbox"/> Travel Award              | \$1,000 |

TOTAL AMOUNT \_\_\_\_\_

CORPORATION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

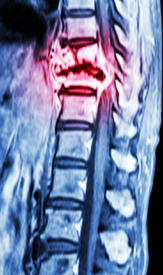
EMAIL \_\_\_\_\_

**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



# 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

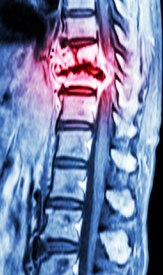
Please indicate the category that describes your company's product best. (More than one may be selected)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Brachytherapy            | <input type="checkbox"/> Device/Equipment     | <input type="checkbox"/> EMR/Data Management/IT | <input type="checkbox"/> Facility Construction/ Design |
| <input type="checkbox"/> Financial/Insurance      | <input type="checkbox"/> Imaging/ Diagnostics | <input type="checkbox"/> Practice Management    | <input type="checkbox"/> Pharmaceutical                |
| <input type="checkbox"/> Recruitment and Staffing | <input type="checkbox"/> Treatment Planning   | <input type="checkbox"/> 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](http://www.astro.org/ResearchExhibitRules).*

Initial: \_\_\_\_\_ Date: \_\_\_\_\_



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### EXHIBITOR APPLICATION

#### 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](http://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](http://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
<b>PAYMENT TOTAL:</b>	<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.**

