

# MULTIDISCIPLINARY THORACIC CANCERS SYMPOSIUM



EMERGING INNOVATIONS AND NEW ADVANCEMENTS

FAIRMONT SCOTTSDALE PRINCESS  
SCOTTSDALE, ARIZONA | DECEMBER 2-4, 2021

ASCO<sup>®</sup> AMERICAN SOCIETY OF  
CLINICAL ONCOLOGY  
KNOWLEDGE CONQUERS CANCER



CO-SPONSORS:

ASTRO  
AMERICAN SOCIETY FOR RADIATION ONCOLOGY



## EXHIBITOR REGISTRATION FORM

### BADGE CONTACT

Name

Company

Phone

Email

### REGISTRATION

Each company with an exhibit booth receives two complimentary exhibitor booth personnel registrations. These registrations are to be used by individuals who will be involved in the set-up/dismantle of your booth or manning your exhibit during the meeting. Additional exhibitor registrations may be purchased. Please note that booth staff may attend sessions on a space available basis only.

Please indicate the individuals from your company who you would like to register for the Multidisciplinary Thoracic Cancers Symposium.

#### EXHIBIT BOOTH PERSONNEL REGISTRANT 1

Name

Professional Suffix (i.e., MD, Ph.D, etc.)

On-site Phone

Email

#### EXHIBIT BOOTH PERSONNEL REGISTRANT 2

Name

Professional Suffix (i.e., MD, PhD, etc.)

On-site Phone

Email

### ADDITIONAL EXHIBITOR REGISTRATIONS

Additional Exhibitor Booth Personnel registrations may be purchased. Please refer to the list below for registration rates:

#### Advance Registration (On or before November 10, 2021):

\$150 per Exhibitor Booth Personnel registration

#### On-site Registration (After November 10, 2021):

\$250 per Exhibitor Booth Personnel registration

### HOW TO REGISTER

**Fax:** 703-574-8332

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

### QUESTIONS?

**Phone:** 1-800-541-6058 or 703-449-6418

### CANCELLATION POLICY

- Refunds will be given only if written notification is received on or before **November 10, 2021**. NO REFUNDS will be given after this date. Telephone cancellations will not be accepted.
- All refunds are subject to a \$100 processing fee.
- Registration fees are nontransferable to another individual or meeting.
- Cancellation of a registration with the Virtual Meeting package on or before **November 10, 2021**, includes cancellation of the Virtual Meeting package.
- Approved registration refunds will be processed 30 days after the conclusion of the meeting.

### AMOUNT DUE

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Number of Additional Exhibitor Booth Personnel Registrations Cost Each 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 Multidisciplinary Thoracic Cancers Symposium. Show Management reserves the right to charge the correct amount if different from the total listed.

CARD NUMBER

EXPIRATION DATE

CVC

CARDHOLDER NAME

SIGNATURE

BILLING ADDRESS - STREET

CITY

STATE

COUNTRY

ZIP CODE