

MULTIDISCIPLINARY
THORACIC CANCERS
SYMPOSIUM



EMERGING INNOVATIONS AND NEW ADVANCEMENTS

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

ASCO™ AMERICAN SOCIETY OF
CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER



CO-SPONSORS:

ASTRO
AMERICAN SOCIETY FOR RADIATION ONCOLOGY



SPONSOR REGISTRATION FORM

BADGE CONTACT

Name Company

Phone Email

REGISTRATION

Full-conference registration includes access to the sessions, Exhibit Hall and food and beverage events. Please refer to the chart to the right for the number of complimentary registrations your company is entitled to receive based on your sponsor level.

COMPLIMENTARY REGISTRATION	
Sponsor Level	No. of Complimentary Registrations
Gold	4
Silver	2
Bronze	1

Please indicate the individuals that you would like to register for the Symposium:

REGISTRANT 1

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

Company Phone

Address City State Zip Country

Thoracic onDemand (\$75)

REGISTRANT 2

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

Company Phone

Address City State Zip Country

Thoracic onDemand (\$75)

REGISTRANT 3

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

Company Phone

Address City State Zip Country

Thoracic onDemand (\$75)

REGISTRANT 4

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

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SPONSOR REGISTRATION FORM

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

$$\frac{\text{Number of Virtual Meetings}}{\text{Number of Virtual Meetings}} \times \frac{\$75}{\text{Cost Each}} = \frac{\text{Total Due}}{\text{Total Due}}$$

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 2021 Multidisciplinary Thoracic Cancers Symposium. Show Management reserves the right to charge the correct amount if different from the total listed.

CARD NUMBER

EXPIRATION DATE

CARDHOLDER NAME

SIGNATURE

BILLING ADDRESS - STREET

CITY

STATE

COUNTRY

ZIP CODE