# **SPONSOR REGISTRATION FORM**

### **BADGE CONTACT**

Name	Company
Phone	Email (Required)

### **REGISTRATION**

In-Person Full-conference registration includes access to the sessions, on Demand, Exhibit Hall and lunch and coffee breaks. 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.

Please indicate the individuals that you would like to register for the meeting: *Important:* All fields below are required for each registrant to have their registration processed. Each registrant must have a valid, unique email address.

REGISTRANT

**REGISTRANT 2** 

**REGISTRANT 3** 

**REGISTRANT 4** 

COMPLIMENTARY REGISTRATION				
Sponsor Level	No. of Complimentary Registrations			
Gold	6			
Silver	4			
Bronze	2			
Copper	1			

Name	Professional Suffix (i.	Professional Suffix (i.e., MD, PhD, etc.)		Email (Required)		
Company				Phone		
Address	City	State	Zip	Country		
Name	Professional Suffix (i.	Professional Suffix (i.e., MD, PhD, etc.)		Email (Required)		
Company			Phone			
Address	City	State	Zip	Country		
Name	Professional Suffix (i.	Professional Suffix (i.e., MD, PhD, etc.)		Email (Required)		
Company			Phone			
Address	City	State	Zip	Country		
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Name	Professional Suffix (i.	Professional Suffix (i.e., MD, PhD, etc.)		Email (Required)		
Company			Phone			
Address	City	State	Zip	Country		

## **HOW TO REGISTER**

Email completed forms to corporaterelations@astro.org.

# **QUESTIONS?**

Phone: 1-800-541-6058 or 571-549-4534

**Email:** thoracicreg@spargoinc.com