

PRINT NAME

The Westin Kierland Resort and Spa Scottsdale, Arizona February 27-29, 2020



ASCO ASTRO (sitc)

# **APPLICATION AND** CONTRACT TO HOLD AN **ADVISORY BOARD MEETING**

CONTACT INFORMA	<b>ATION</b> (REQUI	RED)		
ASSOCIATION/COMPANY	(			
CONTACT PERSON				
ADDRESS				
CITY			STATE	ZIP
PHONE			EMAIL	
ON-SITE CONTACT PERSO	ON			PHONE
FUNCTION SPECIF	ICATIONS (R	EQUIRED)		
FUNCTION NAME				
FUNCTION DESCRIPTION	I			
FUNCTION DATE		START TIM	E END TIME	ANTICIPATED ATTENDANCE
ROOM SETUP (REQU	JIRED)			
O Conference O Hollow Square	O U-Shape O Theatre		Classroom Round Tables	O Cabaret Tables O Other
FOOD AND BEVER. Please select the meals th			nis meeting.	
O Breakfast O Lunch	O Break O Reception	O	Dinner	
Additional requirement will affect your room setu		e any audio v	isual equipment,	staging, special requirements that
TOTAL FEES DUE	: \$10,00	00		
METHOD OF PAYM Payment in U.S. funds dra in U.S. dollars. The compa  Checks must be made paya	wn on a U.S. bar ny on this applic	cation is responsible to: AS P.G.		
Credit Card: O American Exp	ress O Discover			,
I authorize my credit card to be cha	arged the application	fee to host an advi	sory board meeting at t	he 2020 Multidisciplinary Head and Neck
Cancers Symposium. We reserve the	ne rigiit to charge the	correct amount in	unierent from the total	nsted.
NAME ON CARD				
CARD NUMBER	CSC			EXPIRATION DATE
CARDHOLDER'S SIGNATURE			DATE	
AGREEMENT I understand and agree to	o all the terms ar	nd conditions	set forth in this A	greement. I agree that the email/a

## **TERMS AND CONDITIONS**

Organizations wishing to hold advisory board meetings in conjunction with the 2020 Multidisciplinary Head and Neck Cancers Symposium may rent meeting space at the Westin Kierland Resort and Spa. All such events must be approved by Show Management and may only take place during specified dates and times. Meeting space is available on a first-come, first-served basis and is subject to availability.

#### **APPROVED MEETING TIMES**

Meetings may NOT be held during the following dates and times:

Thursday, February 26, 2020 7:55 a.m. - 5:15 p.m. 7:55 a.m. - 5:30 p.m. Friday, February 27, 2020 Saturday, February 29, 2020 7:55 a.m. - 12:15 p.m.

Approved meeting times are subject to change at any time.

#### **ADVISORY BOARD FEE**

The fee to host an advisory board is \$10,000 per room. This fee includes one complimentary room setup and signage. The company shall be responsible for any additional charges such as catering, audio visual equipment, etc.

#### PROMOTIONAL MATERIALS

All promotional materials and emails associated with each function must be submitted to ASTRO for approval. The name American Society for Radiation Oncology, the acronym ASTRO, the ASTRO logo, the name American Head and Neck Society, the acronym AHNS, the AHNS logo, the name American Society of Clinical Oncology, the acronym ASCO and the ASCO logo, the name Society for Immunotherapy of Cancer, the acronym SITC and the SITC logo are registered trademarks of their respective entitles. Use of the aforementioned in conjunction with promotional materials, advertisements, email marketing, company websites, endorsements, statements, contests and/or awards is strictly prohibited. In addition, companies are not permitted to use "Symposium" or the names or the acronyms of the above listed entitles in a company website address.

Are you developing marketing materials for this meeting/event?

O Yes O No

ASTRO requires review of all marketing materials prior to printing and production.

### **CANCELLATION**

· All cancellations must be made in writing.

#### COMPLETE ONE APPLICATION FOR **EACH FUNCTION AND RETURN TO CORPORATE RELATIONS**



**FAX** 

703-286-1571



**EMAIL** 

## **OUESTIONS**

For more information or questions, please contact Corporate Relations



**PHONE** 703-893-7342





corporaterelations@astro.org

corporaterelations@astro.org

Idress and fax number provided on this application will be shared with organizations assisting in the production of the 2020 Multidisciplinary Head and Neck Cancers Symposium.

SIGNATURE	DATE	