APPLICATION FOR AN INDUSTRY-EXPERT THEATER

The Application and Contract for an Industry-Expert Theater must include full payment or it will not be considered. Quantity is limited and requests are accommodated on a first-come, first-served basis. Once your Application and Contract for an Industry-Expert Theater and full payment have been received and approved, you will be notified of your Industry-Expert Theater assignment.

CONTACT INFORMATION				
Exhibitor Name				
Exhibitor Nume				
Mailing Address				
City	S	tate/Province	Zip	Country
Contact Person	Т	itle		
Phone	E	mail		
As an authorized representative of the above some and the "2020 Multidisc" (as existing on the date hereof and as the same comply with the Industry-Expert Terms and Rules, the most up-	ciplinary Head and Ne e may be amended o Iles which are incorp	ck Cancers Symposium Exhil or changed, hereinafter refe orated herein by reference	oitor Rules, Regulations and Policies" rred to collectively as "Industry-Exp and made part of this contract ("Co	available online at <u>Exhibitor Policies Page</u> , ert Terms and Rules"). Exhibitor agrees to
The parties hereto agree that upon the Exhibit binding agreement between Exhibitor and Sh				Contract will constitute a legal and
Signature	P	rint Name		Date
PREFERRED DATES Please select to	p two choices - tii	ne slots are subject to c	:hange.	
Wednesday, February 26, 2020 (Pre-show) ☐ Anytime	Thursday, Februar ☐ After 5:15 p.m.		Friday, February 28, 2020 After 5:30 p.m.	Saturday, February 29, 2020 After 12:15 p.m.
INDUSTRY-EXPERT THEATER FEE				
Time Slot: \$25,000				
PROMOTIONAL MATERIALS				
All promotional materials and emails associate acronym ASTRO, the ASTRO logo, the name Ar acronym ASCO and the ASCO logo, the name sentitles. Use of the aforementioned in conjunct and/or awards is strictly prohibited. In addition website address.	merican Head and Ne Society for Immunot tion with promotion	eck Society, the acronym Al- herapy of Cancer, the acron al materials, advertisement	INS, the AHNS logo, the name Ame ym SITC and the SITC logo are regis s, email marketing, company webs	rican Society of Clinical Oncology, the tered trademarks of their respective ites, endorsements, statements, contests
Are you developing marketing materials for □ Yes □ No	this meeting/event?	•		
ASTRO requires review of all marketing materi	als prior to printing a	and production.		
CANCELLATION POLICY				QUESTIONS?
50 percent of the total fee will be retained for cancellations received before February 5, 2020.				Please contact Corporate Relations:
 100 percent of the total fee will be retained for cancellations received after February 5, 2020. All cancellations must be made in writing. Show Management reserves the right to cancel the Industry-Expert Theater if less than two companies have secured a time slot. 			Phone: 703-839-7342 Email: <u>corporaterelations@astro.orc</u>	
PAYMENT INFORMATION				
CHECK PAYMENT If paying by check, please fax Application and	Contract to 703-286-	1571. Please mail original a	pplication with check made payabl	e to ASTRO to:
FOR STANDARD MAIL: ASTRO P.O. Box 417217 Boston, MA 02241-7217	Bank of America, Merrill Lync 2217 Lockbox #417217, MA5-527-0		A5-527-02-07	Fax Application and Contract for Industry-Expert Theater to 703-286-1571 or email to corporaterelations@astro.org
CREDIT CARD PAYMENT Your signature authorizes your card to be charamount if different from the total listed. Card h				reserves the right to charge the correct
☐ American Express ☐ Dis	scover	☐ MasterCard	□ Visa	Amount: \$
Cardholder's Name (as it appears on card)				Signature

City

Exp. Date

State

Zip Code

CSC Code

Country

Billing Address

Card Number