

The Westin Kierland | Scottsdale, Arizona | February 27-29, 2020



## NON-CME INFORMATIONAL/ EDUCATIONAL PROGRAM

Application Deadline: November 15, 2019 www.headandnecksymposium.org

CO-SPONSORS:









# Non-CME Information/ **Educational Program**

#### **Overview**

These quidelines, based on policies approved by ASTRO's Board of Directors, are designed to assist you in preparing your application to present a Non-CME Informational/Educational Program in conjunction with the 2020 Multidisciplinary Head and Neck Cancers Symposium.

These rules and regulations are in addition to policies outlined in the exhibitor rules, regulations and policies regarding use of the ASTRO name and/or logo and mailing lists.

#### **Important Dates**

**Application Deadline\*** November 15, 2019

**Approval Notification Sent** Mid-December, 2019

**Program Fee Due** January 3, 2020

Marketing Materials Due\*\* January 17, 2020

**Pre-show List Request Due** January 17, 2020

**Evaluation Summary Due** May 8, 2020

\*Late applications and any other materials submitted past their stated deadlines will be delayed in processing and approval by ASTRO.

<sup>\*\*</sup>ASTRO must approve your marketing materials before you print/distribute, so please keep this in mind when developing your own timeline.

# **Guidelines**

#### **Definition**

Non-CME Informational/Educational Program ("Program") refers to any educational activity that is independently organized, held in conjunction with the 2020 Multidisciplinary Head and Neck Cancers Symposium, does not carry Continuing Medical Education (CME) credit and is not sponsored by the American Head and Neck Society (AHNS), American Society of Clinical Oncology (ASCO), the American Society for Radiation Oncology (ASTRO), or the Society for Immunotherapy of Cancer (SITC).

#### **Application Process**

The organization interested in holding a Program shall submit a written application (Appendix A) and a completed Letter of Agreement (Appendix B) to ASTRO's Education Department by **November 15, 2019.** Applications will be reviewed by the Symposium Steering Committee. Time and space constraints may limit the number of opportunities available.

Programs must be final upon submission. Incomplete applications will not be reviewed.

#### Please send your application to:

American Society for Radiation Oncology (ASTRO)

c/o Cindy Streck 251 18th St. South, 8th Floor Arlington, VA 22202

Phone: 703-286-1592 Email: cynthia.streck@astro.org

#### **Eligibility Criteria**

The organization must adhere to the following criteria:

- > Fulfill any funding obligations (see Appendix D).
- ➤ Hold ASTRO harmless from any and all claims that may result from the program.

#### ASTRO reserves the right to:

- Reject any proposal that does not meet the criteria set forth in these guidelines.
- Reject any proposal for reasons solely determined by ASTRO, including a decision to limit the number of industry-organized activities at the 2020 Multidisciplinary Head and Neck Cancers Symposium.
- Consult with the organization to assure appropriateness of activity outcome.

#### **Program Content**

- Program content must be developed independently, free of bias and cannot overlap with content currently being presented at the 2020 Multidisciplinary Head and Neck Cancers Symposium.
- > Program title must be indicative of the Program
- Objectives must clearly meet the educational needs of the target audience.
- Program must be presented in an objective, balanced and scientifically rigorous manner, cannot commercially promote a specific drug, product or service and must meet the policies and guidelines of the ACCME.
- Content and related materials must promote evidence-based learning for optimum patient outcomes and patient safety.
- Content cannot promote a specific proprietary business interest of a commercial entity.
- Presentation must be fair and balanced when discussing specific products. If trade names are included in your presentation, trade names for several companies must be used where available.
- ➤ The Program provider must provide ASTRO with an evaluation summary once the program is complete.

#### Audit

To ensure compliance, your program will be reviewed and may be audited by members of the Symposium Steering Committee.

# **Guidelines** (Continued)

#### **Role of Faculty**

- > Participating faculty must disclose all relevant relationships/interests to the review committee and attendees to determine any conflicts of interest.
- > Faculty must be independent subject matter experts, scientists and/or clinicians.
- Faculty must present an evidence-based, balanced presentation with a rigorous scientific
- Product-specific promotional material or advertisement of any type is prohibited during the presentation.

#### **Leadership Participation**

Elected officials and chairs of committees and subcommittees directly and currently involved in the 2020 Multidisciplinary Head and Neck Cancers Symposium CME program are prohibited from participation in Non-CME Informational/ Educational Programs, except as attendees who receive no honoraria or reimbursement. See Appendix C for a complete listing, ASTRO reserves the right to reject any proposed faculty member or planner that it deems may have a conflict of interest with Symposium activities.

If you have questions on a speaker's eligibility to participate, please contact Cindy Streck at cynthia.streck@astro.org.

#### Scheduling

The following dates and times are available to hold a Non-CME Program (one per time slot):

Wednesday, February 26, 2020 Anytime (pre-show)

Thursday, February 27, 2020 After 5:15 p.m.

Friday, February 28, 2020\* After 5:30 p.m.

Saturday, February 29, 2020 After 12:15 p.m.

\*The faculty reception will occur on the evening of *Friday, February 28.* Please note that all faculty are invited (but are not required) to attend the reception at that time, in case you wish to avoid your event conflicting with the reception.

#### Promotion/Marketing

We encourage independent promotion of approved Non-CME Informational/Educational Programs. ASTRO must approve the content of all such material prior to printing, distribution or posting on the internet. All marketing materials should be sent for review to cynthia.streck@astro.org no later than January 17, **2020.** Invitations and announcements addressed to meeting registrants should clearly indicate the name(s) of the organization(s) funding the program and possible CME provider and must adhere to the following logo use:

- > AHNS, the name American Head and Neck Society and the AHNS logo are registered trademarks of the American Head and Neck
- ASCO, the name American Society of Clinical Oncology and the ASCO logo are registered trademarks of the American Society of Clinical Oncology.
- ➤ ASTRO, the name American Society for Radiation Oncology and the ASTRO logo are registered trademarks of the American Society for Radiation Oncology.
- SITC, the name the Society for Immunotherapy of Cancer and the SITC logo are registered trademarks of the Society for Immunotherapy of

# **Guidelines** (Continued)

It is understood that the above sponsoring organizations own all rights, title, and interest in and to their respective trademarks, patents, copyrights, marks, symbols, names, logos, registered words or depiction whether or not the same are covered by copyright, trademarks or patents. Except as explicitly indicated in these guidelines, use of the aforementioned in conjunction with advertisements, promotional materials, endorsements, statements, contests and/or awards of any kind is prohibited. Violators may be subject to such civil and criminal penalties as provided by federal and state laws. Further, names and acronyms may not be used in any website address promoting the Program.

Promotional, marketing and on-site materials for the Program must contain the following statement:

The 2020 Multidisciplinary Head and Neck Cancers Symposium Steering Committee has reviewed and approved this symposium as appropriate for presentation as a Non-CME Informational/Educational Program. The Non-CME Program constitutes the content and views of the sponsor and is not part of the official 2020 Multidisciplinary Head and Neck Cancers Symposium program.

If the Program is adhering to the deadlines and ASTRO is able to approve relevant materials on time, ASTRO will promote the program in the following methods:

- Listing on the meeting website (www.headandnecksymposium.org).
- Listing in the Pocket Program.
- Complimentary Bag Insert.
- > Verbal mention in the opening welcome of the Symposium.

To assist with your marketing efforts, ASTRO will provide a complimentary 2020 Multidisciplinary Head and Neck Cancers Symposium pre-show attendee list. at your request once marketing materials are approved by ASTRO:

The list is for a one-time use only. Due to privacy reasons, we do not include email addresses or

phone numbers in the list. Pre-show attendees lists are not released earlier than 4 weeks out from the meeting.

The list request deadline is January 17, 2020. Email your request to cynthia.streck@astro.org and allow 10 business days for processing from the time of order placement.

Note that ASTRO does not guarantee audience size and shall not be held responsible if attendee numbers are lower than original projections.

The following requirements must be observed prior to, during and following the event:

- ➤ The Program will be an "invitation" event. Provider will have the option to welcome walk-ins.
- > No commercial displays will be allowed in the meeting room at any time.
- > No sales or product promotion to attendees is allowed before, during or after the Program as an adjunct to the meeting program.
- Satellite activities are not acceptable substitutes for activities that are designed to occur during the exhibit program.
- > Two signs (no larger than a meter board sign) promoting the Program may be displayed on the day of the Program.
- Signage and distribution of Program flyers and invitations are permitted at the presenter's booth in the Exhibit Hall or in areas authorized and approved by ASTRO.
- > Signage set up and dismantling is the provider's responsibility.

#### **Evaluation Summary**

All Program providers must send ASTRO a summary report of attendees' evaluations of the program collected in conformance with ACCME requirements. Attendees must be asked to evaluate the program for objectivity and the presence of commercial bias.

Evaluation results are to be included in a summary report that must be provided to Cindy Streck at cynthia.streck@astro.org by May 8, 2020.



## **Application to Hold a Non-CME Informational/Educational Program**

#### **DEADLINE FOR SUBMISSION: NOVEMBER 15, 2019**

#### In addition to this form, applicants must include the following information:

- Copy of Program in electronic format (Microsoft Word is preferred) containing title of program, title of presentations and confirmed speaker names.
- Program learning chiestiyes

| > \$1,000 nonrefundable application fee.  |                             |  |                        |                     |                   |  |  |  |
|---|-----------------------------|--|------------------------|---------------------|-------------------|--|--|--|
| NAME OF NON-CME INFORMATIONAL/EDUCATIONAL PROGRAM   |                             |  |                        |                     |                   |  |  |  |
| PLEASE INDICATE WHEN  | YOU PROPOSE TO HOLD         | YOUR EVENT. TIME AND                         | SPACE MAY LIMIT THE AV | /AILABILITY OF PROG | GRAMS SCHEDULED.  |  |  |  |
| DATE  | DATE                        |  | START TIME             |                     |                   |  |  |  |
| FOOD AND BEVE  Breakfast  | RAGE REQUIRE                | MENTS  Dinner                                | ☐ Reception            | ☐ Breaks            | ☐ Other           |  |  |  |
| MEETING/EVENT  ☐ Conference ☐ Hollow square   | SET-UP  U-shape Theatre     | □ Classroom □ Full Rounds                    | ☐ Cocktail table       | •                   | ☐ Crescent Rounds |  |  |  |
| Room Set Quantity   | <b>!</b>                    |  |                        |                     |                   |  |  |  |
| ANTICIPATED ATTENDANCE  |                             |  |                        |                     |                   |  |  |  |
| SUPPORTING COMPANY/CORPORATE MEMBER   |                             |  |                        |                     |                   |  |  |  |
| MAILING ADDRESS   |                             | CITY   |                        | STATE               | STATE ZIP         |  |  |  |
| CONTACT PERSON  |                             |  |                        |                     |                   |  |  |  |
| EMAIL   | PHONE                       |  | CORPORATE WEBSITE      |                     |                   |  |  |  |
| THIRD PARTY COMPANY IF APPL   | LICABLE (UNDER CONTRACT TO  | O SUPPORTING COMPANY)                        |                        |                     |                   |  |  |  |
| Send your completed application to:  American Society for Radiation Oncology (ASTRO)  c/o Cindy Streck  251 18th Street South, 8th Floor, Arlington, VA 22202  Email: cynthia.streck@astro.org                              |                             |  |                        |                     |                   |  |  |  |
| Preliminary approval of this application authorizes the applicant to proceed with making arrangements for the proposed activity. Hotels will not assign space for the Program until this application has received approval. |                             |  |                        |                     |                   |  |  |  |
| FOR ASTRO USE  Preliminary Approval; Pending  By:  □ Application Payment □ Con  RCVD: RCVD:   | Date:<br>nplete Application | Final Approval<br>By:<br>Not Approved<br>By: | Date:<br>Date:         | Non-CME F<br>RCVD:  | Program Fee<br>   |  |  |  |



**Note:** Once the Program is approved by ASTRO, please expect to forward us any materials to be used by presenters as well as a confirmed faculty listing, curriculum vitae and conflict of interest disclosures. If that information is available now, please include it with your application. Once the Program is completed, please forward a copy of your final evaluation summary report to ASTRO by May 8, 2020.

#### PLEASE COMPLETE THE FOLLOWING:

| Offer a statement of educational need that will be met by the session with backup documentation of the determination of that need. Please include a program agenda with your application. A tentative list of faculty is appreciated at this time. |
|--|
| List the learning objectives of the Program.   |
|  |
| List titles of all topics and topic descriptions.  |
| Please provide a description of the evaluation process (with sample evaluation forms and how results will be reported in a summary report to ASTRO).   |
|  |
| Provide a description of the Program's target audience, invitation process and verification plan for attendance.   |
| Summarize how faculty and planning committee disclosure information will be communicated to attendees.   |
| Summarize how conflicts of interest are to be managed among Program planning committee members and presentation faculty.   |
|  |



**LETTER OF AGREEMENT** 

**Note:** Applicants must provide to ASTRO a Letter of Agreement between the Commercial Supporter and Third Party Company. The example provided here in Appendix B may be used, or the applicant may submit a Letter of Agreement that is in a different format.

DATE

| Between  | and the Commercial Supporter   |   |  |  |
|--|--|---|--|--|
| THIRD PARTY COMPANY  | COMPANY NAME   |   |  |  |
| ADDRESS  |  |   |  |  |
| CITY   | STATE  | ZIP   |  |  |
| TELEPHONE  |  | CONTACT PERSON  |  |  |
| TITLE OF NON-CME ACTIVITY  | LOCATION   | DATE(S)   |  |  |
| The above commercial supporter wishes to provide supperaiss of an educational grant for support of the non-Cl  |  |   |  |  |
| CONDITIONS   |  |   |  |  |
| <ol> <li>STATEMENT OF PURPOSE: Program is for scientific and educational purpo</li> <li>CONTROL OF CONTENT AND SELECTION OF PRESENTERS AND MODERATI moderators. The company agrees not to direct the content of the program suggestions of presenters or sources of possible presenters. The company will disclose financial or other relationships between company and speak company, or its agents, in suggesting presenter(s); will seek suggestions of independence.</li> <li>DISCLOSURE OF FINANCIAL RELATIONSHIPS: Provider will ensure meaning and (b) any significant relationship between the provider and the company company.</li> <li>INVOLVEMENT IN CONTENT: There will be no "scripting," emphasis or directions of the product advertisements will be permitted in the program room.</li> <li>OBJECTIVITY AND BALANCE: Provider will make every effort to ensure the selected and presented, with favorable and unfavorable information and treatments.</li> <li>LIMITATIONS OF DATA: Provider will ensure, to the extent possible, mean preliminary data or unsupported opinion).</li> <li>DISCUSSION OF UNAPPROVED USES: Provider will require that presenters discussion.</li> <li>OPPORTUNITIES FOR DEBATE: Provider will ensure meaningful opportunion.</li> <li>INDEPENDENCE OF PROVIDER IN THE USE OF CONTRIBUTED FUNDS:         <ul> <li>Funds should be in the form of an educational grant made payable to b. No other funds from the commercial company will be paid to the proextra social events, etc.).</li> </ul> </li> <li>Hold ASTRO harmless from any and all claims that may result from the procent of the program of the propertion of the procent of the program of the program of the procent of the program of the program</li></ol> | ORS: Provider is responsible for a more than one na er; and will provide this inform from other sources; and will make the source | or control of content and selection of presenters and vill respond only to provider-initiated requests for me (if possible); will provide speaker qualifications; nation in writing. Provider will record role of ake selection of presenter(s) based on balance and e, at the time of the program, of (a) company funding ween individual speakers or moderators and the my or its agents. or obligate path as the educational activity. No y's products (or competing products) are objectively ng information on the product(s) and/or alternative on data (e.g., ongoing research, interim analyses, t approved in the United States for the use under fic debate.  (CME Provider). |  |  |
| SIGNATURE  |  | DATE  |  |  |
| THIRD PARTY COMPANY  |  |   |  |  |

SIGNATURE



### **Appendix C: Regulations Regarding Leadership Participation**

Elected officials and chairs of committees and subcommittees directly and currently involved in the 2020 Multidisciplinary Head and Neck Cancers Symposium CME program are prohibited from participation in Non-CME Informational/Educational Programs, except as attendees who receive no honoraria or reimbursement. These include the following:

- ASTRO Board of Directors.
- ASTRO Education Committee Chair and Vice-chair.
- ASTRO CME/MOC Committee Co-chairs.
- 2020 Multidisciplinary Head and Neck Cancers Symposium Steering and Program Committees.

ASTRO reserves the right to reject any proposal that it deems necessary based on conflict of interest. If you have questions regarding a speaker's eligibility to participate, please contact Cindy Streck at cynthia.streck@astro.org.

#### **Appendix D: Financial Considerations**

#### **APPLICATION FEE**

A \$1,000 nonrefundable application fee must accompany your application. This fee covers ASTRO administrative costs associated with processing the application.

#### **DIRECT COSTS**

The Program provider will be responsible for the management of their event's logistics and for payment of direct costs associated with event promotion, presenters and catering.

#### **INCLUDED AUDIO VISUAL**

Included in the Program fee is the following audio visual equipment:

- One LCD projector.
- > One screen.
- One podium microphone.
- One wired aisle microphone.
- Sound amplification and mixer system.
- VGA switcher.
- One on-site technician.

Expenses for additional services incurred beyond what is provided may be acquired through the audio visual provider at the expense of the provider.

#### **PROGRAM FEE**

Upon ASTRO approval of the Program, the Program provider will be invoiced for \$25,000 for the program fee.

Payment must be received by January 3, 2020.

#### **CANCELLATION**

The cancellation policy is as follows:

Prior to January 3, 2020 Full refund **Prior to February 13, 2020** 50 percent refund After February 13, 2020 No refund

Projection is ASTRO's official audiovisual provider and any additional audiovisual requirements must be ordered through Projection and NOT another AV company unless authorized by ASTRO. Please note, by using another AV company ASTRO will not be responsible for the cost or functionality of any AV equipment or labor. The included AudioVisual is only applicable if provided by Projection.



#### **Cancellation Policy**

- ➤ Please note the \$1,000 application fee is non-refundable.
- > 50 percent of the total program fee will be retained for cancellations received before February 13, 2020.
- > 100 percent of the total program fee will be retained for cancellations received after **February 13, 2020.**
- All cancellations must be made in writing.

#### **Payment Information**

#### **CHECK PAYMENT**

If paying by check, please fax Application and Contract to 703-286-1571. Please mail original application with check made payable to ASTRO to:

**For Standard Mail:** 

**ASTRO** 

P.O. Box 418075

Boston, MA 02241-7217

For Overnight Delivery:

Bank of America, Merrill Lynch Lockbox Services

Lockbox #418075, MA5-527-02-07

2 Morrissey Blvd.,

Dorchester, MA 02125

#### **CREDIT CARD PAYMENT**

Your signature authorizes your card to be charged for the total amount due according to the schedule above. ASTRO reserves the right to charge the correct amount if different from the total listed. Card holder is responsible for any changes in the exchange rate.

| ☐ American Express              | ☐ Discover | ☐ MasterCard | □ Visa | Amount: \$ | _ |
|---------------------------------|------------|--------------|--------|------------|---|
|                                 |            |              |        |            |   |
| CARDHOLDER'S NAME (AS IT APPEAR | S ON CARD  |              |        |            |   |
| SIGNATURE                       |            |              |        |            |   |
| CARD NUMBER                     |            | EXP.         | DATE   | CSC CODE   |   |
| BILLING ADDRESS                 |            |              |        |            |   |
| CITY                            | STATE      | ZIP (        | ODE    | COUNTRY    |   |

#### **QUESTIONS ABOUT PAYMENT?**

Please contact Megan Watson: Phone: 703-839-7344

Email: megan.watson@astro.org



Payment may also be remitted online with the invoice number at www.astro.org/paynow.