



**PRACTICAL TREATMENT • BIOLOGY • IMAGING**

Grand Hyatt San Antonio | San Antonio | May 16-18, 2014

**AMBASSADOR APPLICATION AND CONTRACT FOR EXHIBIT SPACE**

**TABLETOP EXHIBIT:** Includes one 6-foot table with two chairs.

Complimentary for Ambassadors

\*Registration for exhibitor booth personnel is also required. Space rate includes two complimentary exhibitor registrations for each tabletop booth. Additional exhibitor registrations are available for purchase.

**PRE-SHOW LIST:** In Excel file format

\$500 (in Excel file format)

Complimentary for Industry Satellite Symposium Company

All orders require a sample of the printed material to be mailed. WE CANNOT PROCESS YOUR ORDER UNTIL WE RECEIVE THIS SAMPLE.

**Note: All orders will be processed no sooner than four weeks prior to the meeting.**

*I (We) understand and agree that this list order is for a one-time use only and is to be used only to send material herewith submitted for review by ASTRO. I (We) also agree to prevent duplication, transfer or reproduction of the labels or e-file, or information thereon, in any form whatsoever. A separate order form must be submitted and approved before using the list again. If unauthorized use is detected, I (we) understand that I (we) will be prosecuted to the full extent of the law as governed by the Internal laws of Virginia. I (We) expressly consent to an Injunction in the event on my breach of this licensing agreement and to the exclusive jurisdiction of the federal and states courts in Fairfax County, Virginia of any dispute concerning this licensing agreement. I (We) agree to pay reasonable attorney's fees incurred by ASTRO as a result of any breach of this licensing agreement.*

Signature (REQUIRED) \_\_\_\_\_ Print Name \_\_\_\_\_

Mail House Signature (REQUIRED IF ONE WILL BE USED) \_\_\_\_\_ Print Mail House Name \_\_\_\_\_ Mail House E-mail \_\_\_\_\_

**CONTACT INFORMATION**

*Only the designated contact as provided below will receive all exhibit-related materials.*

Company \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

**TABLETOP EXHIBIT ACKNOWLEDGEMENT**

*As an authorized representative of the above stated Exhibitor, I have received and reviewed the 2014 State of the Art Radiation Therapy Symposium Prospectus and Exhibitor Rules, Regulations and Policies available online (as existing on the date hereof and as the same may be amended or changed hereinafter referred to as "Exhibitor Prospectus and Rules"). Exhibitor agrees to comply with the Prospectus and Exhibitor Rules, Regulations and Policies, which are incorporated herein by reference and made part of this contract. In the event of any change in the Prospectus and Exhibitor Rules, Regulations and Policies, the most up-to-date versions will be available online.*

*I agree and understand that the contact information provided on this Application and Contract for Exhibit Space will be shared with other organizations assisting in the production of the 2014 State of the Art Radiation Therapy Symposium. The parties hereto agree that upon Exhibitor's authorized signature and ASTRO's acceptance and approval, this Application and Contract for Exhibit Space, together with the Exhibitor Prospectus and Rules, will constitute a legal and binding contract between Exhibitor and ASTRO enforceable in accordance with its terms.*

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**COMPANY PRODUCT**

Please indicate the category that describes your company's product best. (More than one may be selected)

- Brachytherapy
- Device/Equipment
- EMR/Data Management/IT
- Facility Construction/ Design
- Financial/Insurance
- Imaging/ Diagnostics
- Practice Management
- Pharmaceutical
- Recruitment and Staffing
- Treatment Planning
- Other \_\_\_\_\_

Please indicate the products/services to be featured during the meeting.

If your company will be launching a new product/service at the meeting, please indicate below.

**TABLETOP EXHIBIT LOCATION**

Tabletop exhibits are assigned on a first-come, first-served basis with preference being given to meeting supporters. While every effort will be made to honor your specific request, we are unable to guarantee your request.

Top three desired tabletop exhibit numbers, in order of preference: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**PREVIOUS PARTICIPATION**

Has your company exhibited in the past?  Yes  No

If yes, was it under a different name?  Yes  No

What company name did you use? \_\_\_\_\_

Has your company merged with, been purchased by or purchased another company that has exhibited in the past?  Yes  No

What was the company name? \_\_\_\_\_

**METHOD OF PAYMENT**

**Method of Payment:**

*All applications must be accompanied with the booth fee.*

- CREDIT CARD\*
- CHECK\*\*
- WIRE TRANSFER\*\*\*
- AMERICAN EXPRESS
- DISCOVER
- MASTERCARD
- VISA

Credit Card Number \_\_\_\_\_ Card Security Code (CSC) \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder Name (as it appears on credit card) \_\_\_\_\_

Billing Address - Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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. Cardholder is responsible for any changes in the exchange rate.

**Table Top Exhibit: Complimentary**  
**Pre-Show List: \$ 500.00**

**Payment Total:**

**PAYMENT INFORMATION**

**\*Credit Card Payment**

**Fax Credit Card payment and application to: 703-563-2691.**

**\*\*Check Payment**

**Mail Check and copy of application to:**  
American Society for Radiation Oncology  
P.O. Box 417217  
Boston, MA 02241-7217  
**Make checks payable to ASTRO.**

**\*\*\*Wire Transfer Payment**

**Transmit funds to:**  
Bank of America Merrill Lynch  
Account #: 0000-2689-5309  
P.O. Box 27025  
Routing #: 0260-0959-3  
Richmond, VA 23261-7025  
Swift Code (IBAN#): BOFAUS3N  
American Society for Radiation Oncology

**CANCELLATION POLICY**

100 percent of the total space rental fee will be retained for cancellations.

- All cancellations must be made in writing.
- Failure to make payments does not release the exhibitor from its contractual financial obligation.

**ASTRO APPROVAL (For ASTRO Use Only)**

**Application Accepted by:** \_\_\_\_\_