



TABLETOP EXHIBIT: Includes one 6-foot table with two chairs.
 \$4,000 per space
 *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 Complimentary for Symposium Co-sponsor
 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.

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 _____

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 _____

TABLETOP EXHIBIT ACKNOWLEDGEMENT

As an authorized representative of the above stated Exhibitor, I have received and reviewed the 2016 Multidisciplinary Head and Neck 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 2016 Multidisciplinary Head and Neck 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 _____

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. _____

PRE SHOW LIST LICENSE AGREEMENT

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 Email _____

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 _____
 Table Top Exhibit: \$ 4,000.00
 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.

ASTRO APPROVAL (For ASTRO Use Only)
 Application Accepted by: _____