

Application for Exhibit Space at the 18<sup>th</sup> Annual SATRO® Conference  
Please photocopy for your records. Payment must be received by April 22, 2016.

Please print all information exactly how it is to appear in all SATRO® 18 Conference Material

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Exhibiting companies will receive two (2) registrations per booth. All representatives must be registered. Please print name exactly as it should appear on the conference ID badge. E-mail information is required for conference news and schedule updates. Booth placement is at the discretion of the conference organizers.

**1<sup>st</sup> Exhibit table:**

Name: \_\_\_\_\_ E-mail \_\_\_\_\_ Fee: \$850 \_\_\_\_\_  
Name: \_\_\_\_\_ E-mail \_\_\_\_\_ Fee: Included \_\_\_\_\_  
Late Registration Fee for payments received after 4/22/2016 Add: \$100 \_\_\_\_\_

**2<sup>nd</sup> Exhibit table (under same Company Name)**

Name: \_\_\_\_\_ E-mail \_\_\_\_\_ Fee: \$750 \_\_\_\_\_  
Name: \_\_\_\_\_ E-mail \_\_\_\_\_ Fee: Included \_\_\_\_\_  
Late Registration Fee for payments received after 4/22/2016 Add: \$100 \_\_\_\_\_

**Additional Staff:**

Name: \_\_\_\_\_ E-mail \_\_\_\_\_ Fee: \$225 \_\_\_\_\_  
Name: \_\_\_\_\_ E-mail \_\_\_\_\_ Fee: \$225 \_\_\_\_\_  
Name: \_\_\_\_\_ E-mail \_\_\_\_\_ Fee: \$225 \_\_\_\_\_  
Distribution of product information, up to 20 pg. brochure (each brochure) Add: \$300 \_\_\_\_\_  
Pre-conference mailing labels (per rental) Add: \$200 \_\_\_\_\_

**Less:**

'Early Bird' discount for payments received by 1-29-2016 Less: \$100 \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Exhibitors are responsible for all special hotel or other charges for their exhibit, to include storage, shipping, any special electrical hook-ups beyond the electrical access provided with this registration, set-up and take down charges. In the event of cancellation by the exhibitor prior to April 22, 2016, the liability of the association shall be limited to a refund of the amounts paid less a \$215 administrative fee. No refund requests after that date will be honored. All refund requests must be in writing. In the event of cancellation of the conference for reasons beyond the control of SATRO®, it is the understanding of all parties that the liability of the association shall be limited to a refund of the amounts paid. Each exhibitor agrees to fully comply with any and all requirements established by the facility where the exhibit space is located. In participating, exhibitors agree to bear full responsibility for the loss of any personal or business materials or equipment at the conference and damage to the facility. Companies signing this agreement extend permission to SATRO® to post pictures of their exhibit staff on its website or in other marketing materials.

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature and title of company representative

Note that charges may be processed by SE Radiation Oncology Group, P.A. or by another payment processing firm.

**PAYMENT OPTIONS:**

Credit Card: Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_ AMEX not an option

Name on Card \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail for receipt \_\_\_\_\_  
Signature \_\_\_\_\_

**Mail or e-mail your application and payment to:**

SATRO®, P.O. Box 2496, Matthews, NC 28106, or [2016satro@gmail.com](mailto:2016satro@gmail.com)

Our phone number is (877) 559-4548 (Toll-free) and our fax number is 704-333-3397

We look forward to seeing you soon!