APPLICATION AND CONTRACT FOR EXHIBIT SPACE

	<u> </u>	ONTACT INFORMATION			
Only the designated contact as provided below will receive exhibit-related materials.					
Company			DBA (If different from company name)		
. ,			, , , , , , , , , , , , , , , , , , , ,		
Contact Person			Title		
Street					
City	State		Zip	Country	
city	State		Σιρ	Country	
Phone		Email			
HAS YOUR COMPANY EXHIBITED V	WITH ASTRO BEFORE?	□ YES □ NO			
DEASON FOR EVHIRITING					
REASON FOR EXHIBITING:					
COMPANY PRODUCT					
Please indicate the category that best describes your company's product. (More than one may be selected.)					
	evice/Equipment	☐ EMR/Data Management/IT	☐ Facility Construction/Desig	n	
	naging/Diagnostics eatment Planning	☐ Practice Management ☐ Other	☐ Pharmaceutical		
La Recruitment and Stanning	eatment raining	D Other	_		
TABLETOP EXHIBIT SPACE RENTAL FEE					
TABLETOP EXHIBIT: ☐ \$4,500 per s	pace		*Registration for exhibitor booth personnel is required. Space rate includes two complimentary exhibitor registrations for		
This includes:			each tabletop exhibit. Additional exhibitor registrations are available for purchase.		
• One 6-foot table with two chairs					
 Participation in the Passport to Prizes Program Two exhibitor staff registrations* 					
Postshow Attendee List (must sign agreement below to receive)					
• Fosishow Attendee List (must sign agreement below to receive)					
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. All outstanding exhibit payments for booth, expo suite, executive suite or meeting room cancellations or downsizing from					
prior ASTRO events must be paid in full in order to be eligible to apply and contract for tabletop exhibit space at the 2023 Multidisciplinary Thoracic Cancers Symposium.					
Top three desired tabletop exhibit numbers, in order of preference: 12.			2		
Top timee desired tabletop exhibit humb	bers, in order or preference: 1.	· 2	J		
DAVMENT AND CANCELLATION INFORMATION					

PAYMENT AND CANCELLATION INFORMATION

CHECK PAYMENT

If paying by check, please email Application and Contract for Exhibit Space to exhibitcontracts@spargoinc.com. Please mail original application with check made payable to ASTRO to:

For Standard Mail: ASTRO P.O. Box 417217 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:

Credit card payments can only be accepted via fax, phone or online. You will receive instructions upon invoicing with a login to your account to pay online.

CANCELLATION POLICY:

100% of the total space rental fee will be retained for cancellations. All cancellations must be made in writing.

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

TABLETOP EXHIBIT ACKNOWLEDGEMENT

As an authorized representative of the above stated Exhibitor, I have received and reviewed the 2023 Multidisciplinary Thoracic Cancers Symposium Exhibitor Prospectus and the 2023 Multidisciplinary Thoracic Cancers Symposium Exhibitor Rules, Regulations and Policies available online at www.astro.org/ThoracicExhibitRules, hereinafter referred to as "2023 Thoracic Symposium Exhibitor Rules". Exhibitor agrees to comply with the 2023 Thoracic Symposium Exhibitor Rules which are incorporated herein by reference and made part of this contract (as existing on the date hereof and as the same may be amended or changed). In the event of any change in the 2023 Thoracic Symposium Exhibitor Rules, the most up-to-date versions, available online at www.astro.org/ThoracicExhibitRules, will be controlling.

I agree and understand that the contact information provided on this Application and Contract for Exhibit Space will be shared with other organizations assisting with the 2023 Multidisciplinary Thoracic Cancers Symposium and other ASTRO initiatives. Exhibitor agrees to receive all written and electronic correspondence from ASTRO and SPARGO, Inc. in reference to the 2023 Multidisciplinary Thoracic Cancers Symposium and all future ASTRO events.

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 2023 Thoracic Symposium Exhibitor Rules, will constitute a legal and binding contract between exhibitor and ASTRO enforceable in accordance with its terms.

Exhibitor Signature:	Date:
Printed Name:	Telephone:
	INSURANCE
	ASTRO that Exhibitor must procure valid insurance in accordance with the term, limits and osium Exhibitor Rules, Regulations and Policies available online at www.astro.org/ThoracicExhibitRule
Initial: Date:	
PRE	SHOW MAILING LIST
to be mailed to meetings@astro.org. Eligible exhibiting companies are defined via email and will be in an Excel file format. For privacy reasons, name and addr	plinary Thoracic Cancers Symposium Preshow Attendee List must provide a sample of the printed material I as confirmed (paid in full) Exhibitors who are not membership based organizations. The list will be sent ress information will be included on the list, but no email addresses or phone numbers. Please note that e their name and contact information on this mailing list. This may result in the final list having fewer four weeks prior to the meeting.
	LIST LICENSE AGREEMENT or preshow and postshow attendee list.
ubmitted for review by ASTRO. Organization also agrees not to duplicate, dissen herein (collectively "Mailing List Information"), in any form whatsoever. Organiz tandards, will comply with any applicable privacy laws, including fulfilling data ncluding providing certification of such deletion upon written request. Organiza ubcontractors, including mail houses ("Recipients") that have a need to receive s priganization plans to share any of the Mailing List Information with a third party has indicated below the name(s) of such mail house and/or other third party(ies) urder form must be submitted and approved before using the Mailing List Inform full extent of the law. This agreement shall be construed and governed in accorden the event of breach of this licensing agreement and to the exclusive jurisdiction	now Attendee List are each for a one-time use only and is to be used only to send material herewith minate, reuse, transfer or reproduce the ASTRO mailing list, labels or e-file, or any of the information ration further agrees that it will maintain the security of this information in accordance with industry access and data deletion requests, and will delete the Mailing List Information after the one-time use, ration shall limit access to the Mailing List Information to those volunteers, employees, contractors, such information and will ensure that Recipients are aware of and agree to abide by these terms. If sy, such as a mail house, it will require that third party provide written agreement to the terms herein and of the organization understands that it is only authorized to use Mailing List Information once. A separate nation again. If unauthorized use is detected, Organization understands that it will be prosecuted to the ance with the laws of the Commonwealth of Virginia. Organization expressly consents to an injunction of the federal and state courts in Fairfax County, Virginia, for any dispute concerning this licensing amages, or expenses, including reasonable attorney's fees, incurred by ASTRO as a result of any breach
intend to use a mail house/third party. Yes No	
Check here if you do not plan to send out a mailing using the Preshow o	or Postshow Mailing Attendee Lists.
I certify that I am authorized to sign this order form and License Agreement	ent on behalf of the Exhibiting Company listed above.
IGNATURE (REQUIRED) PRINT NAM	IE

Please submit your completed Application and Contract for Exhibit Space to exhibit contracts@spargoinc.com.

CO-SPONSORED BY:

MAIL HOUSE/THIRD PARTY CONTACT NAME









MAIL HOUSE/THIRD PARTY CONTACT EMAIL ADDRESS

ASTRO APPROVAL (For ASTRO Use Only)

PRINT MAIL HOUSE/THIRD PARTY COMPANY NAME(S)

Application Accepted by: