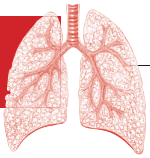


# MULTIDISCIPLINARY THORACIC CANCERS SYMPOSIUM



BRINGING PERSONALIZED CARE TO YOUR PATIENTS

HILTON SAN DIEGO BAYFRONT  
SAN DIEGO | MARCH 14-16, 2019

## EXHIBITOR APPLICATION

**TABLETOP EXHIBIT:**  \$4,500 per space

This includes:

- One 6-foot table with two chairs
- Participation to the Passport to Prizes Program
- Two exhibitor staff registrations
- Post-Show Attendee List (must sign agreement below to receive)

*\*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:** \$500 (In Excel file format)

All orders require a sample of the printed material to be mailed to be submitted via email to [shirley.harris@spargoinc.com](mailto:shirley.harris@spargoinc.com). **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. Exhibitor must use GDPR compliant Mailhouse.

### CONTACT INFORMATION

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

Company		DBA (If different from company name)	
Street			
City	State	Zip	Country
Phone	Fax	Email	
Contact Person			Title

**HAS YOUR COMPANY EXHIBITED WITH ASTRO BEFORE?**  YES  NO

**REASON FOR EXHIBITING:** \_\_\_\_\_

### COMPANY PRODUCT

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

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Brachytherapy            | <input type="checkbox"/> Device/Equipment    | <input type="checkbox"/> EMR/Data Management/IT | <input type="checkbox"/> Facility Construction/ Design |
| <input type="checkbox"/> Financial/Insurance      | <input type="checkbox"/> Imaging/Diagnostics | <input type="checkbox"/> Practice Management    | <input type="checkbox"/> Pharmaceutical                |
| <input type="checkbox"/> Recruitment and Staffing | <input type="checkbox"/> Treatment Planning  | <input type="checkbox"/> Other _____            |  |

### INSURANCE

*Further, Exhibitor understands that by entering into this binding contract with ASTRO that Exhibitor must procure valid insurance in accordance with the term, limits and specifications as set forth in the 2019 Multidisciplinary Thoracic Cancers Symposium Exhibitor Rules, Regulations and Policies available online at [www.astro.org/ThoracicExhibitRules](http://www.astro.org/ThoracicExhibitRules).*

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

### TABLETOP EXHIBIT ACKNOWLEDGEMENT

*As an authorized representative of the above stated Exhibitor, I have received and reviewed the 2019 Multidisciplinary Thoracic Cancers Symposium Exhibitor Prospectus and the 2019 Multidisciplinary Thoracic Cancers Symposium Exhibitor Rules, Regulations and Policies available online at [www.astro.org/ThoracicExhibitRules](http://www.astro.org/ThoracicExhibitRules), hereinafter referred to as "2019 Thoracic Symposium Exhibitor Rules." Exhibitor agrees to comply with the 2019 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 2019 Thoracic Symposium Exhibitor Rules, the most up-to-date versions, available online at [www.astro.org/ThoracicExhibitRules](http://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 2019 Multidisciplinary Thoracic Cancers Symposium and other ASTRO initiatives.*

*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 2019 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: \_\_\_\_\_

### 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. \_\_\_\_\_

### ATTENDEE LIST LICENSE AGREEMENT

*Must complete for pre and post show attendee list*

*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 Show Management. 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 of my breach of this licensing agreement and to the exclusive jurisdiction of the federal and states courts in Arlington County, Virginia of any dispute concerning this licensing agreement. I (We) agree to pay reasonable attorney's fees incurred by Show Management 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 \_\_\_\_\_

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

**Application Accepted by:**

### CHECK PAYMENT

If paying by check, please fax Application and Contract for Exhibit Space to 703-563-2671. 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 #417217, MA5-527-02-07  
2 Morrissey Blvd, Dorchester, MA 02125, 1-800-962-7876

### CREDIT CARD PAYMENT:

Credit card payment can only be accepted via fax, phone or online. An invoice will be sent within one business day with instructions to submit credit card payment online.

### CANCELLATION POLICY:

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

Please submit your completed application to [exhibitcontracts@spargoinc.com](mailto:exhibitcontracts@spargoinc.com)

