



mhncs

MULTIDISCIPLINARY
HEAD AND NECK
CANCERS SYMPOSIUM

ACCELERATING COLLABORATIVE SCIENCE
AND PATIENT-CENTERED CARE

February 29 – March 2, 2024
JW Marriott Desert Ridge | Phoenix

LIVE VIRTUAL MEETING

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

CONTACT 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 _____

Phone _____ Email _____

HAS YOUR COMPANY EXHIBITED WITH ASTRO BEFORE? YES NO

REASON FOR EXHIBITING: _____

COMPANY PRODUCT

Please indicate the category that best describes your company's product. (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 _____ | |

TABLETOP EXHIBIT SPACE RENTAL FEE

TABLETOP EXHIBIT: \$4,500 per space

This includes:

- 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)

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

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 2024 Multidisciplinary Head and Neck Cancers Symposium.

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

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 #417217, MA5-527-02-07
2 Morrissey Blvd., Dorchester, MA 02125

CREDIT CARD PAYMENT:

Credit card payments can only be accepted 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 2024 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Prospectus and the 2024 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Rules, Regulations and Policies available online at www.headandnecksymposium.org, hereinafter referred to as "2024 Head and Neck Symposium Exhibitor Rules". Exhibitor agrees to comply with the 2024 Head and Neck 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 2024 Head and Neck Symposium Exhibitor Rules, the most up-to-date versions, available online at www.headandnecksymposium.org, 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 2024 Multidisciplinary Head and Neck Cancers Symposium and other ASTRO initiatives. Exhibitor agrees to receive all written and electronic correspondence from ASTRO and SPARGO, Inc. in reference to the 2024 Multidisciplinary Head and Neck 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 2024 Head and Neck 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

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 2024 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Rules, Regulations and Policies available online at www.headandnecksymposium.org.

Initial: _____ Date: _____

PRESHOW MAILING LIST

PRESHOW MAILING LIST: \$500 (In Excel file format)

All eligible exhibiting companies that would like to receive the 2024 Multidisciplinary Head and Neck Cancers Symposium Preshow Attendee List must provide a sample of the printed material to be mailed to meetings@astro.org. Eligible exhibiting companies are defined as confirmed (paid in full) Exhibitors who are not membership based organizations. The list will be sent via email and will be in an Excel file format. For privacy reasons, name and address information will be included on the list, but no email addresses or phone numbers. Please note that per ACCME requirements, attendees will be given the option to decline to have their name and contact information on this mailing list. This may result in the final list having fewer names than previous years. **Note:** All orders will be processed no sooner than four weeks prior to the meeting.

ATTENDEE LIST LICENSE AGREEMENT

Must complete for preshow and postshow attendee list.

Organization understands and agrees that the Preshow Attendee List and Postshow Attendee List are each for a one-time use only and is to be used only to send material herewith submitted for review by ASTRO. Organization also agrees not to duplicate, disseminate, reuse, transfer or reproduce the ASTRO mailing list, labels or e-file, or any of the information therein (collectively "Mailing List Information"), in any form whatsoever. Organization further agrees that it will maintain the security of this information in accordance with industry standards, will comply with any applicable privacy laws, including fulfilling data access and data deletion requests, and will delete the Mailing List Information after the one-time use, including providing certification of such deletion upon written request. Organization shall limit access to the Mailing List Information to those volunteers, employees, contractors, subcontractors, including mail houses ("Recipients") that have a need to receive such information and will ensure that Recipients are aware of and agree to abide by these terms. If Organization plans to share any of the Mailing List Information with a third party, such as a mail house, it will require that third party provide written agreement to the terms herein and has indicated below the name(s) of such mail house and/or other third party(ies). Organization understands that it is only authorized to use Mailing List Information once. A separate order form must be submitted and approved before using the Mailing List Information again. If unauthorized use is detected, Organization understands that it will be prosecuted to the full extent of the law. This agreement shall be construed and governed in accordance with the laws of the Commonwealth of Virginia. Organization expressly consents to an injunction in the event of breach of this licensing agreement and to the exclusive jurisdiction of the federal and state courts in Fairfax County, Virginia, for any dispute concerning this licensing agreement. Organization agrees to indemnify ASTRO against all costs, claims, damages, or expenses, including reasonable attorney's fees, incurred by ASTRO as a result of any breach of this licensing agreement.

I **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 or Postshow Mailing Attendee Lists.

I certify that I am authorized to sign this order form and License Agreement on behalf of the Exhibiting Company listed above.

SIGNATURE (REQUIRED)

PRINT NAME

PRINT MAIL HOUSE/THIRD PARTY COMPANY NAME(S)

MAIL HOUSE/THIRD PARTY CONTACT NAME

MAIL HOUSE/THIRD PARTY CONTACT EMAIL ADDRESS

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

CO-SPONSORED BY:



ASTRO APPROVAL (For ASTRO Use Only)

Application Accepted by: