

MULTIDISCIPLINARY HEAD and NECK CANCERS

SYMPOSIUM

EXPANDING TREATMENT HORIZONS



EXHIBITOR APPLICATION

The Westin Kierland Resort and Spa | Scottsdale, Arizona | February 15-17, 2018

TABLETOP EXHIBIT: \$4,000 per space

- Includes:
- One 6-foot table with two chairs
 - Two exhibitor staff registrations
 - Participation in the Passport to Prizes Program

*Registration for exhibitor booth personnel is also required. 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. 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)

- | | | | |
|---|--|---|---|
| <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 _____ | |

REASON FOR EXHIBITING

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 2018 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Rules, Regulations and Policies available online at www.astro.org/HNExhibitRules.

Initial: _____ Date: _____

TABLETOP EXHIBIT ACKNOWLEDGEMENT

As an authorized representative of the above stated Exhibitor, I have received and reviewed the 2018 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Prospectus and the 2018 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Rules, Regulations and Policies available online at www.astro.org/HNExhibitRules, hereinafter referred to as "2018 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Rules." Exhibitor agrees to comply with the 2018 Multidisciplinary Head and Neck Cancers 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 2018 Multidisciplinary Head and Neck Cancers Symposium Exhibitor Rules, the most up-to-date versions, available online at www.astro.org/HNExhibitRules, 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 Multidisciplinary Head and Neck Cancers Symposium Meeting 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 2018 Multidisciplinary Head and Neck Cancers 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 and ambassadors. 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 of 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

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:

An invoice will be sent within one business day with instructions to submit credit card payment on-line.

Please submit your completed application to exhibitcontracts@spargoinc.com

