

MULTIDISCIPLINARY HEAD and NECK CANCERS

SYMPOSIUM

EXPANDING TREATMENT HORIZONS



The Westin Kierland Resort and Spa

Scottsdale, Arizona | February 27-29, 2020

Co-sponsors:



APPLICATION FOR EXHIBITOR HOSPITALITY SUITE

Hospitality Suites are available at the Westin Kierland Resort and Spa. Quantity is limited and requests are accommodated on a first-come, first-served basis. Once your application and full payment have been received and approved, you will be notified of your hospitality suite assignment.

HOSPITALITY SUITE RENTAL

Rental Fee: \$20,000

CONTACT INFORMATION

COMPANY

STREET

CITY

STATE/PROVINCE

ZIP

COUNTRY

PHONE

EMAIL

CONTACT PERSON

TITLE

We agree to abide by the 2020 Multidisciplinary Head and Neck Cancers Symposium Contract Terms for an Exhibitor Hospitality Suite, which are made part of this contract by reference and incorporated herein. Any violation of these terms may result in expulsion from the assigned hospitality suite and/or Exhibit Hall as well as forfeiture of fee and liability for other fines and damages, and jeopardize future participation at meetings. Further, we agree that the email/address and fax number on this application will be shared with organizations assisting in the production of 2020 Multidisciplinary Head and Neck Cancers Symposium.

SIGNATURE

PRINT NAME

DATE

CANCELLATION POLICY

- 50 percent of the total fee will be retained for cancellations received before February 5, 2020.
- 100 percent of the total space rental fee will be retained for cancellations received after February 5, 2020
- All cancellations must be made in writing.

QUESTIONS?

Please contact **Corporate Relations:**
Phone: 703-839-7342 | Email: corporaterelations@astro.org

PAYMENT INFORMATION

CHECK PAYMENT

If paying by check, please fax Application and Contract to 703-286-1571. 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

Your signature authorizes your card to be charged for the total amount due. ASTRO reserves the right to charge the correct amount if different from the total listed. Card holder is responsible for any changes in the exchange rate.

American Express

Discover

MasterCard

Visa

Amount: \$ _____

CARDHOLDER'S NAME (AS IT APPEARS ON CARD)

SIGNATURE

BILLING ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

CARD NUMBER

EXP. DATE

CSC CODE

Fax or Email Application to Corporate Relations at 703-286-1571 or corporaterelations@astro.org