

PATIENTS *Hope • Guide • Heal*

Meeting Dates: September 22-25, 2013 • Exhibit Dates: September 22-24, 2013 • Georgia World Congress Center • Atlanta

MEETING/EVENT APPROVAL AND SPACE REQUEST FORM

Organizations wishing to hold meetings/events in conjunction with the Annual Meeting between Thursday, September 19, 2013, and Thursday, September 26, 2013, must submit this form to obtain ASTRO approval. Once your meeting/event has been reviewed, you will receive an email notification advising you if the meeting/event has been approved or denied. Please submit one form for each function you would like to hold. **Approval is required for all meetings/events.**

CONTACT INFORMATION *(required)*

ASSOCIATION/COMPANY		CONTACT PERSON	
ADDRESS	CITY	STATE	ZIP
PHONE	FAX	EMAIL	

MEETING/EVENT INFORMATION *(required)*

ASTRO prohibits organizations from holding functions that compete with the Annual Meeting program. Functions or transportation to and from functions may not be held during the following times:

Sunday, September 22	8:00 a.m. - 6:00 p.m.
Monday, September 23	7:45 a.m. - 6:30 p.m.
Tuesday, September 24	7:45 a.m. - 6:00 p.m.
Wednesday, September 25	7:45 a.m. - 4:15 p.m.

Press conferences are prohibited during the hours of 7:00 a.m. - 6:30 p.m., September 22-25, 2013.

MEETING/EVENT NAME _____

DESCRIPTION/PURPOSE OF MEETING/EVENT _____

DATE	START TIME	END TIME	ANTICIPATED ATTENDANCE
Is this meeting/event educational in nature?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be offering continuing education credits for this meeting/event?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a staff only event involving no ASTRO Annual Meeting registrants or press?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Events that are educational in nature may qualify as Industry Satellite Symposia or non-CME educational events, which require submission of a separate application. Visit www.astro.org/iss for more information. If your meeting is educational in nature or offering CME, ASTRO will contact you.

MARKETING INFORMATION *(required)*

Are you developing marketing materials for this meeting/event? Yes No

ASTRO requires review of all marketing materials prior to printing and production.

All promotional materials associated with each function must be submitted to ASTRO for approval. The name American Society for Radiation Oncology, the acronym ASTRO and the ASTRO logo are registered trademarks of the American Society for Radiation Oncology. Use of the aforementioned in conjunction with promotional materials without the express written consent of ASTRO is prohibited. In addition, companies are not permitted to use "Symposium" in the title of their meeting or event.

Correct use of ASTRO: Visit us in booth 100 at ASTRO.

Incorrect use of ASTRO: Visit us at ASTRO booth 100.

ANCILLARY MEETING/EVENT REGULATIONS ACKNOWLEDGEMENT

As an authorized representative of the above stated association/company, I have reviewed and agree to the 2013 ASTRO Annual Meeting Regulations for Ancillary Meetings and Events available online at www.astro.org/meetingrequests, (as existing on the date hereof and as the same may be amended or changed hereinafter referred to as "2013 Ancillary Meeting/Event Rules"). In the event of any change in the 2013 Ancillary Meeting/Event Rules, the most up-to-date versions, available online at www.astro.org/meetingrequests, will be controlling.

Company Representative Signature: _____ Date: _____

Printed Name: _____

PROCESSING FEE

Each request requiring function space at an official ASTRO venue will be assessed a nonrefundable processing fee per event. Approval will not be granted until this processing fee has been paid.

Until August 22	\$100.00
August 23-September 6	\$250.00
After September 6	\$350.00

PAYMENT METHOD

CHECK

Payable to The American Society for Radiation Oncology (U.S. dollars drawn on U.S. bank). Mail check to: ASTRO, PO BOX 418075, Boston, MA 02241.

CREDIT CARD

Visa MasterCard American Express Discover Card

CARD NUMBER _____ EXPIRATION DATE _____

CARD SECURITY CODE (CSC) _____

CARDHOLDER NAME _____

SIGNATURE _____

BILLING ADDRESS :

STREET _____

CITY _____ STATE _____

COUNTRY _____ ZIP CODE _____

Complete one form for each meeting and fax to: 703-286-1571, Attn: Erick Granados.



MEETING/EVENT APPROVAL AND SPACE REQUEST FORM

Complete the sections below only if you are requesting space at an ASTRO official venue.

VENUE PREFERENCE

ASTRO will begin releasing meeting space in January 2013. Meeting space at the headquarter hotel will be released in June 2013. Once your meeting is approved, you will receive written confirmation from ASTRO within 14 days and your request will be forwarded to the hotel of your choice. The venue will contact you directly to discuss space availability and requirements. Space is assigned on a first-come, first-served basis.

1. _____
2. _____
3. _____

Each organization is responsible for any charges for meeting space, catering, audio visual, etc.

ASTRO OFFICIAL VENUES

(Shuttle time to/from Georgia World Congress Center)

Atlanta Marriott Downtown	(15-20 minutes)
Atlanta Marriott Marquis	(20-25 minutes)
Embassy Suites Atlanta	(Walking distance)
Glenn Hotel	(Walking distance)
Hampton Inn and Suites	(15-20 minutes)
Hilton Atlanta	(20-25 minutes)
Hilton Garden Inn	(20-25 minutes)
Holiday Inn Downtown Atlanta	(15-20 minutes)
Hyatt Regency Atlanta	(20-25 minutes)
*Omni Hotel at CNN Center	Walking distance
Ritz-Carlton Atlanta	(20-25 minutes)
Sheraton Atlanta	(20-25 minutes)
W. Downtown Atlanta	(20-25 minutes)
Westin Peachtree Plaza	(15-20 minutes)

*ASTRO headquarter hotel space will be released beginning in June 2013.

MEETING/EVENT SPECIFICATIONS

- Breakfast
- Luncheon
- Dinner
- Reception
- Meeting
- Workshop/Seminar
- Office
- Other _____

MEETING/EVENT SET-UP

- Conference
- U-Shape
- Classroom
- Cocktail tables (reception)
- Hollow square
- Theatre
- Round tables
- Other _____

QUESTIONS?

Please contact:

Brittany Ramsey

Phone: **703-286-1568**

ASTRO USE ONLY:

Date Form Received: _____ Promotional Materials: Yes _____ No _____

Request Approved: MD _____ CR _____ CEO _____ Date Approved: MD _____ CR _____ CEO _____

Date Confirmation Sent: Requestor _____ Hotel _____

Hotel Name _____ Room Name _____