Organizations wishing to hold group functions in conjunction with the ASTRO Annual Meeting must first obtain ASTRO approval. All scheduled events must adhere to ASTRO regulations and may not take place during specified dates and times. Once the function has been approved, ASTRO will assign a hotel if one was requested on the second page of this form. The organization or its agents will then work directly with the hotel to make arrangements pertaining to the proposed event. Please submit one form for each function you would like to hold. Approval is required for all affiliate events, independent of whether the organization is requesting function space.

**FUNCTION SPACE REGULATIONS**

- ASTRO prohibits competing functions with ASTRO educational sessions. Functions or transportation to and from functions may not be held during the following dates and times:
  - Sunday, November 1: 8:00 a.m. - 5:45 p.m.
  - Monday, November 2: 8:00 a.m. - 6:15 p.m.
  - Tuesday, November 3: 8:00 a.m. - 6:15 p.m.
  - Wednesday, November 4: 8:00 a.m. - 6:15 p.m.
  - Thursday, November 5: 8:00 a.m. - 11:00 a.m.
- Each organization is responsible for any charges for meeting space, catering, audio visual, etc.
- All promotional materials associated with each function must be submitted to ASTRO for review. 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.
- Events that are educational in nature may qualify as Industry Satellite Symposia, which require submission of a separate application. Visit [www.astro.org/corporaterelations](http://www.astro.org/corporaterelations) for more information.
- Press conferences are prohibited during the hours of 7:00 a.m. - 6:30 p.m.

**FUNCTION SPECIFICATIONS (required)**

**FUNCTION NAME**

**FUNCTION DESCRIPTION/PURPOSE**

**FUNCTION LOCATION** (Leave blank if requesting hotel space assignment from ASTRO.)

**FUNCTION DATE**

<table>
<thead>
<tr>
<th>START TIME</th>
<th>END TIME</th>
<th>ANTICIPATED ATTENDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Check here if this program is educational in nature.

☐ Check here if you are developing marketing materials for this function. ASTRO requires review of all marketing materials prior to printing and production.

☐ Check here if this is a staff only event involving no ASTRO Annual Meeting registrants or press.

**FUNCTION TYPE (required)**

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

Complete one form for each meeting and fax to 703-839-7391.
Complete second page only if requesting meeting space.
PLEASE COMPLETE THIS PAGE ONLY IF YOU ARE REQUESTING SPACE AT AN OFFICIAL ASTRO VENUE.

ROOM SET-UP (required)

- Conference
- U-shape
- Hollow Square
- Theatre
- Classroom
- Round Tables
- Cabaret Tables
- Other

Additional requirements (audio visual equipment, staging, etc.): ____________________________________________________________

VENUE PREFERENCE

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

PROCESSING FEE

Companies requesting space at an official ASTRO venue will be assessed a nonrefundable processing fee. Space will not be released until this processing fee has been paid.

Nonrefundable processing fees for function space assignments are as follows:

<table>
<thead>
<tr>
<th>Functions with:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 49 attendees</td>
<td>$50.00</td>
</tr>
<tr>
<td>50 - 99 attendees</td>
<td>$150.00</td>
</tr>
<tr>
<td>100 - 499 attendees</td>
<td>$300.00</td>
</tr>
<tr>
<td>500 or more attendees</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

Total Due: $ ________________________

ASTRO currently has event space held at the bolded venues above. Choosing a bolded venue will result in a faster approval and venue space assignment.

ASTRO USE ONLY:

Date form received: ________________

Promotional Materials: Yes _____ No _____

Request Approved: ____________________

PAYMENT METHOD

- American Express
- Discover
- MasterCard
- Visa

CARD NUMBER ________________________ EXPIRATION DATE ________________________

CARDHOLDER NAME ________________________ CARDHOLDER SIGNATURE ________________________