



**2019 Annual Meeting and ASCO Direct™ Highlights
September 20-21, 2019
The Hotel at Avalon
Alpharetta, Georgia**

**EXHIBITOR REGISTRATION FORM
Deadline: Friday, September 13, 2019**

Company Name

Name of Contact Person

() _____ () _____
Phone Fax E-mail address

Names, email addresses and phone numbers of those attending on behalf of the company (use a separate sheet if necessary):

Name	E-mail Address	Phone No.	Attending (Please <input checked="" type="checkbox"/> and Enter R, D L in last Column for Any Attending)			
			Friday Session	Saturday Session	Meals	Reception=R Dinner=D Sat. Lunch=L

Do you plan to exhibit (fee for general Exhibitor - \$3,500 per table)? YES NO
 Number of tables: _____ x \$3,500 = \$ _____

If yes, please check if you will require access to the following:

Electrical outlet Ethernet cable Wireless capability Other: _____

**Please e-mail completed registration form to acahill@medicalmanagement.com, or
mail with payment to address below. For payment by credit card, please call
Anne Marie Cahill at (770) 951-1018.**