GASSOCIETY OF CLINICAL ONCOLOGY 2020 Fall Administration and Business of Oncology Meeting October 16-17, 2020 The Hotel at Avalon Alpharetta, Georgia EXHIBITOR REGISTRATION FORM <i>Deadline to Register: October 9, 2020</i>						
Company Name						
Name of Contact Perso	on					
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Phone	Fax		E-mail a		ŕ	
Names, email addresses and phone numbers of those attending on behalf of the company (use a separate sheet if necessary): $\frac{\text{Attending (Please }\sqrt{)}}{\frac{1}{\sqrt{1-1}}}$						
Name	E-mail Address	Phone No.	Friday Session	Saturday Session	Meals	Recep- tion
Do you plan to exhibit	(fee for general Exhibit	itor - \$3,500 per	table)?		J NO	1
If ves, please check if y	you will require access to	o the following:				
	□ Ethernet cable □	0	hility 🗖	Other:		
Please e-mail	completed registration	form to <u>acahill</u>	@medicalı	nanageme		or
mail with	payment to address be Anne Marie C	low. For paymen ahill at (770) 95	•	t card, plea	se call	
3330 Cumberland B	oulevard, Suite 225 • Atlanta C	Georgia 30339 • (770)) 951-1018 •	Fax (770) 951	-2157	