

2020 Fall Administration and Business of Oncology Meeting October 16-17, 2020 The Hotel at Avalon Alpharetta, Georgia

SPONSOR REGISTRATION FORM

Deadline to Register: Friday, October 9, 2020

Name of Contact Pers	son					
()	()				
Phone	Fax		E-mail address			
Names, email addres separate sheet if nec	ses and phone numbers o essary):	f those attending	g on behalf	of the com	pany (us	e a
	1	<u> </u>	Attending (Please √)			T _
Name	E-mail Address	Phone No.	Friday Session	Saturday Session	Meals	Recep tion
Do you plan to exhib	it?					
If yes, please check if	you will require access to	the following:				
☐ Electrical outlet	☐ Ethernet cable ☐	Wireless capal	bility 🗖	Other:		
	completed registration f 770-951-2157, or send by			_	t.com, fa	ıx to