



**2017 Spring Practice Management and Business of
Oncology Meeting
May 5 ~ 6, 2017
Hyatt Regency Atlanta Perimeter at Villa Christina
Atlanta, Georgia**

EXHIBITOR REGISTRATION FORM

Deadline: April 28, 2017

Company Name

Name of Contact Person

(____) _____

Phone

(____) _____

Fax

E-mail address

Names and email addresses of those attending on behalf of the company:

Do you plan to exhibit? **YES - Fee for General Exhibitor \$3,500/table**
 NO

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

- Electrical outlet
- Ethernet cable or wireless Internet hookup
- Other _____

_____ **Number attending Cinco de Mayo Reception on May 5**

***Please fax completed registration form to (770) 951-2157.
Attention: Kellie Reich or mail with payment to address below, payments may be
made by Mastercard or Visa online at www.gasco.us***

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