

**Authorized Signature** 

## **WSOS Education Series**

Thursday, October 6, 2022 Downtown Casper| Casper, WY

11000 50	JUIETY						Downtown	Casper  Caspe	r, WY
Exhibit Table Registration Form									
Registration Fee \$2,500									
Registration Fee Includes:  Draped, display table, no electricity  Up to two (2) attendees  Exhibiting company recognized in the conference program  Select your table location from unassigned display tables					Conference Contact Lea Njosa Coordinator, Corporate Relations CorporateRelations@accc-cancer.org				
Corporate members and exhibitors are limited to one table per company. Please contact corporaterelations@accc-cancer.org directly to request an additional table, if available.									
<ul> <li>→ ACT QUICKLY! Display table reservations are limited, and are on a first come, first served basis.</li> <li>→ Please do not send any form of payment unless you are confirmed to exhibit.</li> <li>→ A letter of request submitted to your company does not denote registration for the conference.</li> </ul>									
Complete company name exactly as it should appear in the conference program.									
Company Name									
Contact Name	Title				(Optional)				
Address									
City			9	State		Zip			
Contact Email				l		Contact	Phone (Optional)		
Attendees									
Provide your two (2) attendees names, titles, and email addresses below.  If the Contact Name listed above is attending the conference, please include below.  Conference details are sent to the attendees approximately 1- 2 weeks prior to the conference, unless noted below.									
Attendee 1		Title			Ema	il			
Attendee 2 (Optional)		Title (Optional)			Ema	il (Optional)			
			Method	of Payn	nen	t	<b>.</b>		
To secure the exhibit table, the Registration Fee must be submitted prior to the date of the 2022 Conference.									
Wyoming State Oncology Society (TAX ID # 85-1796720) Attn: Accounts Receivable 1801 Research Boulevard, Suite 400 Rockville, MD 20850									
To pay via credit card or ACH, please reach out to CorporateRelations@accc-cancer.org along with preferred contact name and phone number for payment processing.									
Agreement									
The signer of this registration form for exhibit space or person designated shall be the official representative of the exhibitor and shall have the authority to certify representatives and act on behalf of the exhibitor in all negotiations. Receipt of registration form does not guarantee a reservation.									
The State Society reserves the right to prohibit any promotional material deemed to be inappropriate.									
Your registration and pafter the registration p			o the State S	Society, the p	olanni	ing team an	d attendees. As such	, refunds will not be	provided
I agree to comply with the rules and regulations as outlined in this Agreement for Display Space & Attendees. This completed, signed form is considered binding on both the company and the state societies.									

Date