



FUNCTION APPROVAL AND SPACE REQUEST FORM

Organizations wishing to hold functions in conjunction with the Annual Meeting between Friday, October 26, 2012, and Thursday, November 1, 2012, must submit this form to obtain ASTRO approval. Once the function has been reviewed you will receive an email notification advising you if the function has been approved or denied. Please submit **one** form for each function you would like to hold. **Approval is required for all functions.**

CONTACT INFORMATION *(required)*

ASSOCIATION/COMPANY

CONTACT PERSON

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

FUNCTION SPECIFICATIONS *(required)*

FUNCTION NAME

FUNCTION DESCRIPTION/PURPOSE

FUNCTION LOCATION (Leave blank if requesting hotel space assignment from ASTRO. Refer to Page 2 for additional instructions.)

FUNCTION DATE

START TIME

END TIME

ANTICIPATED ATTENDANCE

Check here if this program is educational in nature.*

Check here if you will be offering continuing education credits for this function.*

Check here if you are developing marketing materials for this function. ASTRO requires review of all marketing materials prior to printing and production.

Check here if this is a staff only event involving no ASTRO Annual Meeting registrants or press.

*If selected, ASTRO will contact you regarding Industry Satellite Symposia or non-CME educational events.

ASTRO USE ONLY:

Date Form Received: _____

Promotional Materials: Yes _____ No _____

Request Approved: MD _____ CR _____ CEO _____

Date Approved: MD _____ CR _____ CEO _____

Date Confirmation Sent: Requestor _____ Hotel _____

Hotel Name _____ Room Name _____

FUNCTION SPACE REGULATIONS

• ASTRO prohibits organizations from holding functions that compete with the Annual Meeting program. Functions or transportation to and from functions may not be held during the following times:

Sunday, October 28 8:00 a.m. - 5:45 p.m.
Monday, October 29 8:00 a.m. - 6:30 p.m.
Tuesday, October 30 8:00 a.m. - 6:00 p.m.
Wednesday, October 31 8:00 a.m. - 6:00 p.m.

• Events that are educational in nature may qualify as Industry Satellite Symposia or non-CME educational events, which require submission of a separate application. Visit www.astro.org/iss for more information.

• Each organization is responsible for any charges for meeting space, catering, audio visual, etc.

• All promotional materials associated with each function must be submitted to ASTRO for approval. The name American Society for Radiation Oncology, the acronym ASTRO and the ASTRO logo are registered trademarks of the American Society for Radiation Oncology. Use of the aforementioned in conjunction with promotional materials without the express written consent of ASTRO is prohibited.

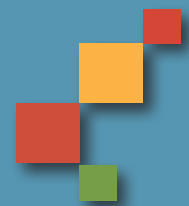
• Press conferences are prohibited during the hours of 7:00 a.m. - 6:30 p.m., October 28 - 31, 2012.

QUESTIONS

Please contact:

Brittany Ramsey

Phone: **703-286-1568**



Advancing Patient Care through **i**NNOVATION

Meeting Dates: October 28-31, 2012 | Exhibit Dates: October 28-30, 2012 | Boston Convention and Exhibition Center | Boston

FUNCTION APPROVAL AND SPACE REQUEST FORM

IMPORTANT:

FILL OUT THE SECTIONS BELOW ONLY IF YOU ARE REQUESTING SPACE AT ONE OF THE OFFICIAL ASTRO VENUES.

ASTRO will begin releasing meeting space in May 2012. Once your meeting is approved, you will receive written confirmation from ASTRO within 14 days and your request will be forwarded to the hotel of your choice. The venue will contact you directly to discuss meeting space availability and meeting requirements. Space is assigned on a first-come, first-served basis.

VENUE PREFERENCE

1. _____
2. _____
3. _____

FUNCTION TYPE *(required)*

- | | | | |
|---------------------------------|-------------------------------|--|-----------------------------------|
| <input type="radio"/> Breakfast | <input type="radio"/> Dinner | <input type="radio"/> Workshop/Seminar | <input type="radio"/> Reception |
| <input type="radio"/> Luncheon | <input type="radio"/> Meeting | <input type="radio"/> Office | <input type="radio"/> Other _____ |

ROOM SET-UP *(required)*

- | | | | |
|-------------------------------------|-------------------------------|------------------------------------|---------------------------------------|
| <input type="radio"/> Conference | <input type="radio"/> U-shape | <input type="radio"/> Classroom | <input type="radio"/> Cocktail Tables |
| <input type="radio"/> Hollow Square | <input type="radio"/> Theatre | <input type="radio"/> Round Tables | <input type="radio"/> Other _____ |

PROCESSING FEE

Each request requiring function space at an official ASTRO venue will be assessed a \$100 nonrefundable processing fee per event. Approval will not be granted until this processing fee has been paid.

ASTRO OFFICIAL VENUES

(Shuttle time to/from Boston Convention and Exhibition Center)

Boston Marriott Copley Place	(20-30 min.)
Boston Marriott Long Wharf	(15-20 min.)
Boston Park Plaza Hotel and Towers	(15-25 min.)
The Colonnade Hotel	(20-30 min.)
Courtyard by Marriott Boston Tremont	(15-25 min.)
Doubletree by Hilton Hotel Boston Downtown	(15-25 min.)
Embassy Suites Boston at Logan Airport	(20-25 min.)
Fairmont Copley Plaza	(20-30 min.)
Hilton Boston Back Bay	(20-25 min.)
Hilton Boston Logan Airport	(20-25 min.)
Hyatt Harborside at Boston Logan Airport	(20-25 min.)
Hyatt Regency Boston Downtown	(20-25 min.)
InterContinental Boston	(15-20 min.)
Omni Parker House Hotel	(20-25 min.)
Renaissance Boston Waterfront	(Walking distance)
Seaport Hotel	(Walking distance)
Sheraton Boston Hotel	(20-25 min.)
W Boston	(15-25 min.)
*Westin Boston Waterfront	(Walking distance)
Westin Copley Place Boston	(20-30 min.)

*ASTRO headquarter hotel.

Space will be released at the headquarter hotel beginning in June 2012.

PAYMENT METHOD

- Check, payable to The American Society for Radiation Oncology** (U.S. dollars drawn on U.S. bank). **Mail check to: ASTRO, PO BOX 418075, Boston, MA 02241.**
- Credit Card:** ___ Visa ___ MasterCard ___ American Express ___ Discover Card

CARD NUMBER _____ EXPIRATION DATE _____ CARD SECURITY CODE (CSC) _____

CARDHOLDER NAME _____

SIGNATURE _____

BILLING ADDRESS - STREET _____

CITY _____

STATE _____ COUNTRY _____ ZIP CODE _____