

2019 Spring Administration and Business of Oncology Meeting June 7-8, 2019 The Hotel at Avalon Alpharetta, Georgia

SPONSOR REGISTRATION FORM

Deadline: Wednesday, May 29, 2019

Name of Contact Per	son					
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Phone	Fax		E-mail address			
Names, email addres separate sheet if nec	ses and phone numbers o essary):	f those attending	on behalf	of the comp	pany (use	e a
			Attending (Please √)			
Name	E-mail Address	Phone No.	Friday Session	Saturday Session	Meals	Recep tion
Do you plan to exhib	it?					
If yes, please check if	f you will require access to	the following:				
☐ Electrical outlet	☐ Ethernet cable ☐	Wireless capal	bility 🗆	Other:		
Please e-m	ail completed registratio	on form to acahi	ll@medica	lmanagen	nent.com	l,

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