



REGISTRATION FORM

Association of South Carolina Oncology Managers
2020 Annual Educational Meeting
February 28, 2020-March 1, 2020
Hyatt Place-Charleston, SC

Please print

Member Organization (Practice Name) _____

Attendee Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Guest Name (s): _____

Registration Fee \$ _____

Registration includes admittance to Meetings, Coffee Breaks, and Receptions.

Check category:

- ASCOM Member/Member Practice*¹ \$ 0.00
 - +Membership \$ 100.00
- Guest (No admittance to meetings) \$ 125.00
- Guest Child (10 and under) (No admittance to meetings) \$ 50.00
- Corporate Sponsors*² \$ 0.00
 - +Membership*³ \$ 250.00
 - Additional attendee \$ 995.00
- Industry attendees \$ 995.00

*¹ Coworker employed by member practice(s)

*² In addition to included attendee from sponsorship or courtesy registration.

*³ In addition to the sponsorship included in the platinum or gold sponsorship

**If registering as a member, please be certain that your membership dues have been paid for 2019. VISA/MC/American Express accepted with 3% fee.*

**Advanced Registration Deadline:
January 31, 2020**

Post-Registration Deadline Fee \$ _____
(After January 31, 2020 add \$25.00 for late membership dues)

Total Fee Enclosed \$ _____

Return Registration via email/fax/mail to:

Email: info@ascomsc.org Fax: (843) 715-2669 Mail: ASCOM, Attn: Michael L Chou, 45 Hospital Center Cmns, Hilton Head Island SC 29926-2837

Hotel Reservations:

All attendees are responsible for booking their own room. A room link will be sent to the assigned individual at your practice. You can also book your room by calling (877)-803-7534 and asking for the ASCOM rate. **ALL ROOMS REQUESTS MUST BE SUBMITTED BY Friday January 24, 2020.** Late requests cannot be guaranteed and may result in additional cost to registrant. All rooms will be non-smoking. Please complete the Embassy's credit card authorization to secure room nights outside of your allotment or to cover upgraded room requests.

of ASCOM Member Nights Used for this reservation: _____ Authorized by: _____

Primary Name for Reservation: _____

Secondary Name for Reservation: _____

Number of Guests in Room: _____ Adults _____ Children

Check-In: _____ Check-Out: _____ 2 Double Beds 1 King Other

Selecting a room type other than 2 Double or 1 King bed may result in additional charges to registrant.

*****Only On-Site Registrations will be accepted after February 20, 2020*****