

Member Organization (Practice Name)_

Please print

REGISTRATION FORM

Association of South Carolina Oncology Managers 2024 Annual Educational Meeting: Westin Hilton Head Island 3 Decades of Excellence & Wisdom March 15, & 16, 2024

Attendee Name			
Address			
City	State		Zip
Phone	Cell		_
Email			
Guest Name (<u>s):</u>			
Please indicate if you will attend dinner Friday ever	ning: Yes No_	Guest	
Registration Fee Registration includes admittance to Meetings, Coffe Check category: ASCOM Member/Member Pr +Membership Guest (No admittance to meeter) Guest (No admittance to meeter) Guest Child (10 and under) (Corporate Sponsors*2 +Membership*3 Additional attendee Industry attendees *1Coworker employed by member prace *1 n addition to included attendee from *3 In addition to the sponsorship include	ee Breaks, and Reco ractice ^{*1} etings) No admittance to r No admittance to r ctice(s) a sponsorship or courted led in the platinum or g	eptions. meetings) esy registration. gold sponsorship	\$ 0.00 \$ 100.00 \$ 125.00 \$ 50.00 \$ 0.00 \$ 250.00 \$ 995.00 \$ 995.00
Advanced Registration Deadline:		Registration Deadline Fe	
Monday, February 09, 2024	Tota	I Fee Enclosed	\$
Return Registration via email/fax/mail to: Email: info@ascomsc.org Fax: (843) 715-2669 M Island, SC 29926-2837 Please indicate if you will need a room reservation be indicate that you will need a room and do not receive # of ASCOM Member Nights Used for this reservation: Primary Name for Reservation:	elow. You will receive your email confirma Authorized by:	e an email confirmation on ation by February 15, 2024 o	ce your room is reserved. If you email Theresa Marshburn.
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.