



North Carolina Oncology Management Society

Corporate Registration Form – 2023 FALL WORKSHOP
THURSDAY, September 14 – The Westin-Raleigh-Durham Airport

Please complete this form and email it to donnarg3@gmail.com

Company Name: _____ Contact NAME: _____

EMAIL: _____

ARE YOU AN NCOMS 2023 CORPORATE SPONSOR?

1. Please check level of participation

_____ Gold (up to **3 reps** may attend)

_____ Bronze (up to **2 reps** may attend)

_____ Silver (up to **3 reps** may attend)

_____ Platinum (3 reps may attend)

2. Please list names and contact information for attendees (No Event/ATTENDANCE Sharing):

Name _____ E-Mail _____ Phone _____

Name _____ E-Mail _____ Phone _____

Name _____ E-Mail _____ Phone _____

****Additional attendees are \$1,000.00 per person (if space allows).**

Please request a credit card authorization form OR send a check for payment. **(NO EVENT/ATTENDANCE SHARING)**

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If your company is NOT a sponsor, NCOMS offers exhibitor opportunities (please complete the following):

- **Exhibitor Attendee Fee:** Covers attendance for one **(1) person** and includes:
Exhibit Hall space (1 table)
- Meals/member email/phone contact list

\$ 1,750.00

Please list name and contact information for attendee

Name _____ E-Mail _____ Phone _____

(If you would like to send additional attendees please request a credit card authorization form OR send a check for payment. **ADDITIONAL ATTENDEE COST IS \$1,000.00 PER PERSON (if space allows).**

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(NO ATTENDANCE SHARING) FEES MUST BE RECEIVED PRIOR TO EVENT
Please make checks payable to NCOMS (Tax ID 56-1865246); Check/Credit Card/ACH Transfer accepted
Address: NCOMS, P. O. Box 2010, Advance, NC 27006-9998
or Donna Goodman, NCOMS, 1860 NC Highway 801 S, Unit 2010, Advance, NC. 27006-9998
Email this completed form to: Donnarg3@gmail.com
NO REFUNDS WILL BE GIVEN FOR CANCELLATIONS