



North Carolina Oncology Management Society

**2024 WINTER CONFERENCE
EXHIBIT Registration Form**

Dates: December 2-4, 2024

Location: Omni Grove Park Inn, Asheville, NC

Company Name: _____ Contact NAME: _____

EMAIL: _____

2024 CORPORATE SPONSORS

1. Please check level of participation

_____ Gold (up to **6 reps** may attend)

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

_____ Silver (up to **4 reps** may attend)

_____ Platinum (unlimited reps may attend)

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

Name _____ E-Mail _____ Phone _____

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Additional attendees are \$1,000.00 per person. If you have more attendees than allowed please request a credit card authorization form OR send a check for payment. **(NO ATTENDANCE SHARING)

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.**)

(NO ATTENDANCE SHARING) FEES MUST BE RECEIVED PRIOR TO EVENT

Please send registration form to Donna Goodman at donnarg3@gmail.com

Payments can be made by credit card, bank transfer or check payable to NCOMS (tax ID 56-1865246);

NCOMS, P. O. Box 2010, Advance, NC 27006

or Donna Goodman, NCOMS, 1860 NC Highway 801 S, Unit 2010, Advance, NC. 27006-9998

You may also call or text NCOMS at 980-362-5885

Email this completed form to: Donnarg3@gmail.com

NO REFUNDS WILL BE GIVEN FOR CANCELLATIONS