



North Carolina Oncology Management Society

Corporate Registration Form

Dates: June 4-6, 2025

Space may be limited. You must register to attend.

Location: Hilton Resort Myrtle Beach

Company Name: _____

Contact Name: _____ Email: _____

2025 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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Name _____ E-Mail _____ Phone _____

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Name _____ E-Mail _____ Phone _____

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 (NO REFUNDS)

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
You may also call or text NCOMS at 980-362-5885
Email this completed form to: Donnarg3@gmail.com