NON-CME INFORMATIONAL/EDUCATIONAL PROGRAM

Application Deadline: November 15, 2019

www.headandnecksymposium.org
Non-CME Information/Educational Program

Overview
These guidelines, based on policies approved by ASTRO’s Board of Directors, are designed to assist you in preparing your application to present a Non-CME Informational/Educational Program in conjunction with the 2020 Multidisciplinary Head and Neck Cancers Symposium.

These rules and regulations are in addition to policies outlined in the exhibitor rules, regulations and policies regarding use of the ASTRO name and/or logo and mailing lists.

Important Dates

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Application Deadline*</td>
<td>November 15, 2019</td>
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<tr>
<td>Approval Notification Sent</td>
<td>Mid-December, 2019</td>
</tr>
<tr>
<td>Program Fee Due</td>
<td>January 3, 2020</td>
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<tr>
<td>Marketing Materials Due**</td>
<td>January 17, 2020</td>
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<tr>
<td>Pre-show List Request Due</td>
<td>January 17, 2020</td>
</tr>
<tr>
<td>Evaluation Summary Due</td>
<td>May 8, 2020</td>
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</tbody>
</table>

*Late applications and any other materials submitted past their stated deadlines will be delayed in processing and approval by ASTRO.

**ASTRO must approve your marketing materials before you print/distribute, so please keep this in mind when developing your own timeline.
Guidelines

Definition
Non-CME Informational/Educational Program ("Program") refers to any educational activity that is independently organized, held in conjunction with the 2020 Multidisciplinary Head and Neck Cancers Symposium, does not carry Continuing Medical Education (CME) credit and is not sponsored by the American Head and Neck Society (AHNS), American Society of Clinical Oncology (ASCO), the American Society for Radiation Oncology (ASTRO), or the Society for Immunotherapy of Cancer (SITC).

Application Process
The organization interested in holding a Program shall submit a written application (Appendix A) and a completed Letter of Agreement (Appendix B) to ASTRO’s Education Department by November 15, 2019. Applications will be reviewed by the Symposium Steering Committee. Time and space constraints may limit the number of opportunities available.

Programs must be final upon submission. Incomplete applications will not be reviewed.

Please send your application to:
American Society for Radiation Oncology (ASTRO)
c/o Cindy Streck
251 18th St. South, 8th Floor
Arlington, VA 22202
Phone: 703-286-1592
Email: cynthia.streck@astro.org

Eligibility Criteria
The organization must adhere to the following criteria:

> Fulfill any funding obligations (see Appendix D).
> Hold ASTRO harmless from any and all claims that may result from the program.

ASTRO reserves the right to:

> Reject any proposal that does not meet the criteria set forth in these guidelines.
> Reject any proposal for reasons solely determined by ASTRO, including a decision to limit the number of industry-organized activities at the 2020 Multidisciplinary Head and Neck Cancers Symposium.
> Consult with the organization to assure appropriateness of activity outcome.

Program Content

> Program content must be developed independently, free of bias and cannot overlap with content currently being presented at the 2020 Multidisciplinary Head and Neck Cancers Symposium.
> Program title must be indicative of the Program content.
> Objectives must clearly meet the educational needs of the target audience.
> Program must be presented in an objective, balanced and scientifically rigorous manner, cannot commercially promote a specific drug, product or service and must meet the policies and guidelines of the ACCME.
> Content and related materials must promote evidence-based learning for optimum patient outcomes and patient safety.
> Content cannot promote a specific proprietary business interest of a commercial entity.
> Presentation must be fair and balanced when discussing specific products. If trade names are included in your presentation, trade names for several companies must be used where available.
> The Program provider must provide ASTRO with an evaluation summary once the program is complete.

Audit
To ensure compliance, your program will be reviewed and may be audited by members of the Symposium Steering Committee.
Role of Faculty

- Participating faculty must disclose all relevant relationships/interests to the review committee and attendees to determine any conflicts of interest.
- Faculty must be independent subject matter experts, scientists and/or clinicians.
- Faculty must present an evidence-based, balanced presentation with a rigorous scientific review.
- Product-specific promotional material or advertisement of any type is prohibited during the presentation.

Leadership Participation

Elected officials and chairs of committees and subcommittees directly and currently involved in the 2020 Multidisciplinary Head and Neck Cancers Symposium CME program are prohibited from participation in Non-CME Informational/Educational Programs, except as attendees who receive no honoraria or reimbursement. See Appendix C for a complete listing. ASTRO reserves the right to reject any proposed faculty member or planner that it deems may have a conflict of interest with Symposium activities.

If you have questions on a speaker’s eligibility to participate, please contact Cindy Streck at cynthia.streck@astro.org.

Scheduling

The following dates and times are available to hold a Non-CME Program (one per time slot):

- **Wednesday, February 26, 2020**
  Anytime (pre-show)
- **Thursday, February 27, 2020**
  After 5:15 p.m.
- **Friday, February 28, 2020**
  After 5:30 p.m.
- **Saturday, February 29, 2020**
  After 12:15 p.m.

*The faculty reception will occur on the evening of **Friday, February 28**. Please note that all faculty are invited (but are not required) to attend the reception at that time, in case you wish to avoid your event conflicting with the reception.

Promotion/Marketing

We encourage independent promotion of approved Non-CME Informational/Educational Programs. ASTRO must approve the content of all such material prior to printing, distribution or posting on the internet. All marketing materials should be sent for review to cynthia.streck@astro.org no later than **January 17, 2020**. Invitations and announcements addressed to meeting registrants should clearly indicate the name(s) of the organization(s) funding the program and possible CME provider and must adhere to the following logo use:

- AHNS, the name American Head and Neck Society and the AHNS logo are registered trademarks of the American Head and Neck Society
- ASCO, the name American Society of Clinical Oncology and the ASCO logo are registered trademarks of the American Society of Clinical Oncology.
- ASTRO, the name American Society for Radiation Oncology and the ASTRO logo are registered trademarks of the American Society for Radiation Oncology.
- SITC, the name the Society for Immunotherapy of Cancer and the SITC logo are registered trademarks of the Society for Immunotherapy of Cancer.
Guidelines (Continued)

It is understood that the above sponsoring organizations own all rights, title, and interest in and to their respective trademarks, patents, copyrights, marks, symbols, names, logos, registered words or depiction whether or not the same are covered by copyright, trademarks or patents. Except as explicitly indicated in these guidelines, use of the aforementioned in conjunction with advertisements, promotional materials, endorsements, statements, contests and/or awards of any kind is prohibited. Violators may be subject to such civil and criminal penalties as provided by federal and state laws. Further, names and acronyms may not be used in any website address promoting the Program.

Promotional, marketing and on-site materials for the Program must contain the following statement:

The 2020 Multidisciplinary Head and Neck Cancers Symposium Steering Committee has reviewed and approved this symposium as appropriate for presentation as a Non-CME Informational/Educational Program. The Non-CME Program constitutes the content and views of the sponsor and is not part of the official 2020 Multidisciplinary Head and Neck Cancers Symposium program.

If the Program is adhering to the deadlines and ASTRO is able to approve relevant materials on time, ASTRO will promote the program in the following methods:

- Listing on the meeting website (www.headandnecksymposium.org).
- Listing in the Pocket Program.
- Complimentary Bag Insert.
- Verbal mention in the opening welcome of the Symposium.

To assist with your marketing efforts, ASTRO will provide a complimentary 2020 Multidisciplinary Head and Neck Cancers Symposium pre-show attendee list. at your request once marketing materials are approved by ASTRO:

The list is for a one-time use only. Due to privacy reasons, we do not include email addresses or phone numbers in the list. Pre-show attendees lists are not released earlier than 4 weeks out from the meeting.

The list request deadline is January 17, 2020. Email your request to cynthia.streck@astro.org and allow 10 business days for processing from the time of order placement.

Note that ASTRO does not guarantee audience size and shall not be held responsible if attendee numbers are lower than original projections.

The following requirements must be observed prior to, during and following the event:

- The Program will be an “invitation” event. Provider will have the option to welcome walk-ins.
- No commercial displays will be allowed in the meeting room at any time.
- No sales or product promotion to attendees is allowed before, during or after the Program as an adjunct to the meeting program.
- Satellite activities are not acceptable substitutes for activities that are designed to occur during the exhibit program.
- Two signs (no larger than a meter board sign) promoting the Program may be displayed on the day of the Program.
- Signage and distribution of Program flyers and invitations are permitted at the presenter’s booth in the Exhibit Hall or in areas authorized and approved by ASTRO.
- Signage set up and dismantling is the provider’s responsibility.

Evaluation Summary
All Program providers must send ASTRO a summary report of attendees’ evaluations of the program collected in conformance with ACCME requirements. Attendees must be asked to evaluate the program for objectivity and the presence of commercial bias.

Evaluation results are to be included in a summary report that must be provided to Cindy Streck at cynthia.streck@astro.org by May 8, 2020.
Application to Hold a Non-CME Informational/Educational Program

DEADLINE FOR SUBMISSION: NOVEMBER 15, 2019

In addition to this form, applicants must include the following information:

- Copy of Program in electronic format (Microsoft Word is preferred) containing title of program, title of presentations and confirmed speaker names.
- Program learning objectives.
- $1,000 nonrefundable application fee.

NAME OF NON-CME INFORMATIONAL/EDUCATIONAL PROGRAM

PLEASE INDICATE WHEN YOU PROPOSE TO HOLD YOUR EVENT. TIME AND SPACE MAY LIMIT THE AVAILABILITY OF PROGRAMS SCHEDULED.

<table>
<thead>
<tr>
<th>DATE</th>
<th>START TIME</th>
<th>END TIME</th>
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FOOD AND BEVERAGE REQUIREMENTS

- [ ] Breakfast
- [ ] Luncheon
- [ ] Dinner
- [ ] Reception
- [ ] Breaks
- [ ] Other

MEETING/EVENT SET-UP

- [ ] Conference
- [ ] U-shape
- [ ] Classroom
- [ ] Cocktail tables (reception)
- [ ] Crescent Rounds
- [ ] Hollow square
- [ ] Theatre
- [ ] Full Rounds
- [ ] Other

Room Set Quantity

- [ ] Conference
- [ ] U-shape
- [ ] Classroom
- [ ] Cocktail tables (reception)
- [ ] Crescent Rounds
- [ ] Hollow square
- [ ] Theatre
- [ ] Full Rounds
- [ ] Other

ANTICIPATED ATTENDANCE

SUPPORTING COMPANY/CORPORATE MEMBER

MAILING ADDRESS   CITY  STATE ZIP

CONTACT PERSON

EMAIL     PHONE    CORPORATE WEBSITE

THIRD PARTY COMPANY IF APPLICABLE (UNDER CONTRACT TO SUPPORTING COMPANY)

Send your completed application to: American Society for Radiation Oncology (ASTRO)
c/o Cindy Streck
251 18th Street South, 8th Floor, Arlington, VA 22202
Email: cynthia.streck@astro.org

Preliminary approval of this application authorizes the applicant to proceed with making arrangements for the proposed activity. Hotels will not assign space for the Program until this application has received approval.

FOR ASTRO USE

Pre-final Approval: Pending Payment

By: ____________________ Date: ____________

[ ] Application Payment [ ] Complete Application

RCVD: ________ RCVD: ________

Final Approval

By: ____________________ Date: ____________

Non-CME Program Fee

RCVD: ________
Please complete the following:

Offer a statement of educational need that will be met by the session with backup documentation of the determination of that need. Please include a program agenda with your application. A tentative list of faculty is appreciated at this time.

List the learning objectives of the Program.

List titles of all topics and topic descriptions.

Please provide a description of the evaluation process (with sample evaluation forms and how results will be reported in a summary report to ASTRO).

Provide a description of the Program’s target audience, invitation process and verification plan for attendance.

Summarize how faculty and planning committee disclosure information will be communicated to attendees.

Summarize how conflicts of interest are to be managed among Program planning committee members and presentation faculty.

☐ Check here if you plan to repurpose the content into an enduring material.

Note: Once the Program is approved by ASTRO, please expect to forward us any materials to be used by presenters as well as a confirmed faculty listing, curriculum vitae and conflict of interest disclosures. If that information is available now, please include it with your application. Once the Program is completed, please forward a copy of your final evaluation summary report to ASTRO by May 8, 2020.
LETTER OF AGREEMENT

Between ____________________________ and the Commercial Supporter

THIRD PARTY COMPANY ____________________________ COMPANY NAME ____________________________

ADDRESS

CITY ____________________________ STATE ____________________________ ZIP

TELEPHONE ____________________________ CONTACT PERSON ____________________________

TITLE OF NON-CME ACTIVITY ____________________________ LOCATION ____________________________ DATE(S) ____________________________

The above commercial supporter wishes to provide support for the named continuing medical education activity by means of an educational grant for support of the non-CME activity in the amount of $____________.

CONDITIONS

1. STATEMENT OF PURPOSE: Program is for scientific and educational purposes only and will not promote the company’s products, directly or indirectly.
2. CONTROL OF CONTENT AND SELECTION OF PRESENTERS AND MODERATORS: Provider is responsible for control of content and selection of presenters and moderators. The company agrees not to direct the content of the program. The company, or its agents, will respond only to provider-initiated requests for suggestions of presenters or sources of possible presenters. The company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker; and will provide this information in writing. Provider will record role of company, or its agents, in suggesting presenter(s); will seek suggestions from other sources; and will make selection of presenter(s) based on balance and independence.
3. DISCLOSURE OF FINANCIAL RELATIONSHIPS: Provider will ensure meaningful disclosure to the audience, at the time of the program, of (a) company funding and (b) any significant relationship between the provider and the company (e.g., grant recipient) or between individual speakers or moderators and the company.
4. INVOLVEMENT IN CONTENT: There will be no “scripting” emphasis or direction of content by the company or its agents.
5. ANCILLARY PROMOTIONAL ACTIVITIES: No promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.
6. OBJECTIVITY AND BALANCE: Provider will make every effort to ensure that data regarding the company’s products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. LIMITATIONS OF DATA: Provider will ensure, to the extent possible, meaningful disclosure of limitations on data (e.g., ongoing research, interim analyses, preliminary data or unsupported opinion).
8. DISCUSSION OF UNAPPROVED USES: Provider will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. OPPORTUNITIES FOR DEBATE: Provider will ensure meaningful opportunities for questioning or scientific debate.
10. INDEPENDENCE OF PROVIDER IN THE USE OF CONTRIBUTED FUNDS:
   a. Funds should be in the form of an educational grant made payable to the ____________________________ (CME Provider).
   b. No other funds from the commercial company will be paid to the program director, faculty or others involved with the activity (additional honoraria, extra social events, etc.).
11. Hold ASTRO harmless from any and all claims that may result from the program.

AGREED

COMMERCIAL COMPANY REPRESENTATIVE (NAME)

SIGNATURE ____________________________ DATE ____________________________

THIRD PARTY COMPANY

SIGNATURE ____________________________ DATE ____________________________
Appendix C: Regulations Regarding Leadership Participation

Elected officials and chairs of committees and subcommittees directly and currently involved in the 2020 Multidisciplinary Head and Neck Cancers Symposium CME program are prohibited from participation in Non-CME Informational/Educational Programs, except as attendees who receive no honoraria or reimbursement. These include the following:

- ASTRO Board of Directors.
- ASTRO Education Committee Chair and Vice-chair.
- ASTRO CME/MOC Committee Co-chairs.
- 2020 Multidisciplinary Head and Neck Cancers Symposium Steering and Program Committees.

ASTRO reserves the right to reject any proposal that it deems necessary based on conflict of interest. If you have questions regarding a speaker’s eligibility to participate, please contact Cindy Streck at cynthia.streck@astro.org.

Appendix D: Financial Considerations

APPLICATION FEE
A $1,000 nonrefundable application fee must accompany your application. This fee covers ASTRO administrative costs associated with processing the application.

DIRECT COSTS
The Program provider will be responsible for the management of their event’s logistics and for payment of direct costs associated with event promotion, presenters and catering.

INCLUDED AUDIO VISUAL
Included in the Program fee is the following audio visual equipment:
- One LCD projector.
- One screen.
- One podium microphone.
- One wired aisle microphone.
- Sound amplification and mixer system.
- VGA switcher.
- One on-site technician.

Expenses for additional services incurred beyond what is provided may be acquired through the audio visual provider at the expense of the provider.

PROGRAM FEE
Upon ASTRO approval of the Program, the Program provider will be invoiced for $25,000 for the program fee.

Payment must be received by January 3, 2020.

CANCELLATION
The cancellation policy is as follows:

<table>
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<tr>
<th>Prior to January 3, 2020</th>
<th>Full refund</th>
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<tbody>
<tr>
<td>Prior to February 13, 2020</td>
<td>50 percent refund</td>
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<tr>
<td>After February 13, 2020</td>
<td>No refund</td>
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</table>

Projection is ASTRO’s official audiovisual provider and any additional audiovisual requirements must be ordered through Projection and NOT another AV company unless authorized by ASTRO. Please note, by using another AV company ASTRO will not be responsible for the cost or functionality of any AV equipment or labor. The included AudioVisual is only applicable if provided by Projection.
Payment

Cancellation Policy

- Please note the $1,000 application fee is non-refundable.
- 50 percent of the total program fee will be retained for cancellations received before February 13, 2020.
- 100 percent of the total program fee will be retained for cancellations received after February 13, 2020.
- All cancellations must be made in writing.

Payment Information

CHECK PAYMENT
If paying by check, please fax Application and Contract to 703-286-1571. Please mail original application with check made payable to ASTRO to:

For Standard Mail:
ASTRO
P.O. Box 418075
Boston, MA 02241-7217

For Overnight Delivery:
Bank of America, Merrill Lynch Lockbox Services
Lockbox #418075, MA5-527-02-07
2 Morrissey Blvd.,
Dorchester, MA 02125

CREDIT CARD PAYMENT
Your signature authorizes your card to be charged for the total amount due according to the schedule above. ASTRO reserves the right to charge the correct amount if different from the total listed. Card holder is responsible for any changes in the exchange rate.

☐ American Express  ☐ Discover  ☐ MasterCard  ☐ Visa  
Amount: $ _______

CARDHOLDER’S NAME (AS IT APPEARS ON CARD)

SIGNATURE

CARD NUMBER   EXP. DATE   CSC CODE

BILLING ADDRESS

CITY  STATE  ZIP CODE  COUNTRY

QUESTIONS ABOUT PAYMENT?
Please contact Megan Watson:
Phone: 703-839-7344
Email: megan.watson@astro.org

Payment may also be remitted online with the invoice number at www.astro.org/paynow.