

## GEORGIA SOCIETY OF CLINICAL ONCOLOGY 2025 CORPORATE MEMBERSHIP APPLICATION

Company Name:		
Address:		Suite:
City:	State:	Zip Code:
Phone No.:	Contact Name:	
Fax No.:	E-mail Address:	
Additional Contact(s)		
Name	Phone No.	E-mail Address
Please select one of the options:	following Corporate N	1embership/Exhibitor
☐ Level I-Platinum Corp	orate Membership - \$4	0,000
☐ Level I Corporate Mer	nbership - \$27,500	

☐ Level IV Corporate Exhibitor – on a per meeting basis:

Level II Corporate Membership - \$17,500

Level III Corporate Membership - \$12,000

• \$4,900 GASCO Annual meeting & Best of ASCO®, including Administrators' Association & Business of Oncology Meeting Track/Cancer Patient Navigators of Georgia (CPNG)

## **Return Application to Anne Marie Cahill**

via E-mail to: <a href="mailto:anne@gasco.us">anne@gasco.us</a> or <a href="mailto:acahill@medicalmanagement.com">acahill@medicalmanagement.com</a>, fax to: 770-951-2157, or by mail to the address below.

## Checks should be made payable to:

Georgia Society of Clinical Oncology

\*IMPORTANT NOTE: Deadline for receipt of annual corporate membership funding is March 31, 2025. Requests for extensions will be on a case-by-case basis. No extensions will be granted beyond April 30, 2025.

## Mailing address:

3330 Cumberland Blvd., Suite 650 Atlanta, GA 30339

GASCO is a 501(c)(6) Non-Profit Corporation
The Non-Profit Tax Identification Number for GASCO is 58-1752866