

GEORGIA SOCIETY OF CLINICAL ONCOLOGY 2024 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 th options:	e following Corporate I	Membership/Exhibitor
☐ Level I-Platinum Co	orporate Membership - \$4	0,000
☐ Level I Corporate N	1embership - \$27,500	

☐ Level II Corporate Membership - \$17,500

☐ Level III Corporate Membership - \$12,000

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

• \$4,900 Annual Meeting/Cancer Patient Navigators of Georgia Meeting and Spring Administration and Business of Oncology Meeting

Return Application to Anne Marie Cahill

via E-mail to: anne@gasco.us or acahill@medicalmanagement.com, 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, 2024. Requests for extensions will be on a case-by-case basis. No extensions will be granted beyond April 30, 2024.

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