

Applicant Information			
Does the Applicant have not-for-profit status (or legal equivalent) under applicable law?			
			Yes No
Organization Name:			
Year organization was incorporated or started:			
What countries are represented within the membership of your organization?			
Does a Board of Directors govern your organization?			Yes No
Please list the names of the Applicant's Board of Directors:			
Primary Contact Name:			
Primary Contact Title:			
Preferred Mailing Address:			
City:		State/Province:	
Zip/Postal Code:		Country:	
Telephone:		Fax:	
E-mail:		Authorized contract signer:	
Website:			
Please provide the name and e-mail address of any person(s) who need to receive meeting materials(for example: abstract lists, templates, meeting slides/posters).			
Proposed Event Information (if available)			
Are you interested in a multi-year contract?			Yes No
Event Date(s): (if known)		Event Location: (if known)	
Proposed Event Planning Committee Members: <i>(please include professional affiliations and indicate ASCO membership)</i>			
Will you organize the Best of ASCO® meeting by yourself or will you use another company to organize it for you?			Yes No
If yes, please indicate the name of the company:			

Anticipated number of attendees:		
Geographic dispersion of attendees: <i>(please include cities, provinces, or countries where you expect to draw your attendance and what geographic areas the meeting will be promoted)</i>		
Official language of the conference:		
Are you interested in holding this event in more than one location?	Yes	No
Will this meeting be in-person, virtual, or hybrid?		
<p>An event report is required from each Licensee within 45 days of the conclusion of an approved event. Evaluation forms will be provided by ASCO, and all questions contained therein must be asked to attendees and included in the event report.</p> <p>I understand and agree to comply with this requirement. Yes No</p>		
Proposal Information		
<p>Summarize Applicant’s knowledge, experience and qualifications in delivering medical education meetings. Cite at least two examples of medical education meetings held in the last 12 months. Please include meeting title, location, and attendance, and if organizing these meetings for another organization, contact information of clients for references.</p>		
<p>If meetings were coordinated with a medical society, provide society name and explain Applicant’s role.</p>		
<p>Summarize the Applicant’s familiarity with ASCO and its experience working with the cancer community and cancer-related meetings.</p>		

Please note that all materials containing ASCO content, including Best of ASCO[®] logo and materials must be pre-approved in writing by ASCO prior to release. Please e-mail these to boalicensing@asco.org prior to being publicly released.