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to Save up to \$800**

December 10-11, 2019 | Boston, USA
www.glioblastoma-drugdevelopment.com



Glioblastoma Drug Development Summit

**Accelerate the Discovery,
Translation & Clinical Development
of Safe, Effective & Deliverable
Therapies to Patients in Need**

Expert Speakers Include:



Kirk Tanner
Chief Scientific Officer
**National Brain Tumor
Society (NBTS)**



Susan Chang
Director, Division of
Neuro-Oncology,
Director
UCSF



Adilia Hormigo
Director Neuro-Oncology
Division
**Icahn School of Medicine
Mount Sinai & The Tisch
Cancer Institute**



Christophe Quéva
Chief Scientific Officer
Oncorus



Patrick Wen
Director, Neuro-
Oncology Division
**Brigham & Women's
Hospital, Neuro-
oncology, Dana-Farber
Cancer Institute**



Sharon Shacham
President & Chief
Scientific Officer, Co-
founder
Karyopharm



Marnix Bosch
Chief Technology Officer
**Northwest
Biotherapeutics**



Stephen Durant
Associate Principal
Scientist, Early Oncology
R&D Bioscience
AstraZeneca



James Garner
Chief Executive Officer
& Managing Director
**Kazia Therapeutics
Limited**

Accelerate the Discovery, Translation & Clinical Development of Safe, Effective & Deliverable Therapies to Patients in Need

Glioblastoma is a notoriously aggressive cancer and remains a huge unmet medical need. The inaugural **Glioblastoma Drug Development Summit** is the first and only dedicated conference for large pharma, biotech and pioneering academics to unite under a common and ambitious goal of accelerating the practical discovery, translation and clinical development of **safe, effective and deliverable therapies** to treat glioblastoma.

Gain exclusive insights into tackling specific and applied drug development challenges limiting effective therapies. This includes **tumour heterogeneity**, **redundant pathway signalling**, the **immunosuppressive tumour environment** and penetration through the **blood-brain barrier**.

This meeting provides a platform for acute feedback and discussions aimed specifically at helping you not only successfully translate drug candidates into human clinical trials, but optimize the clinical development itself to avoid more clinical failures.

With 60+ thought-leaders converging at the first industry led **Glioblastoma Drug Development Summit**, this is an unrivalled opportunity for you to gain the latest scientific insights with renowned neuro-oncologists and join those striving to advance safe and effective therapeutic breakthroughs to patients in need.

Hear why GBM experts are excited to attend

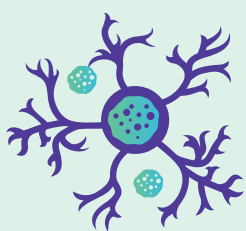
“This is a tremendous opportunity to share your work and discuss with experts with multiple backgrounds not only the challenges but to develop and combine new treatments to reverse the course of the disease and improve the outcome of our patients”

Adilia Hormigo, Director Neuro-Oncology Division, Icahn School of Medicine at Mount Sinai & The Tisch Cancer Institute

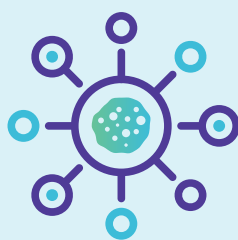
“The 1st Glioblastoma Drug Development Summit provides a unique opportunity to share our most recent findings with renowned neuro-oncology researchers and clinicians around the world, providing a platform for critical feedback and discussions that may ultimately improve on the translation of more effective therapeutics for this universally lethal disease”

David Nathanson, Assistant Professor, UCLA

Critical Themes at the Glioblastoma Drug Development Summit:



Uncover the major GBM specific nuances limiting effective GBM treatment with **Patrick Wen, David Nathanson** and **AbbVie**



Dive into different industry approaches for **innovative trial design** to drive more effective therapies for the right patients faster with **GBM Agile, Inovio Pharmaceuticals** and **Karyopharm Therapeutics**



Recognize the potential of immunotherapy to successfully treat recurrent glioblastoma with **Tocagen, Oncorus, Northwest Biotherapeutics** and **Timothy Cloughesy**



Participate in engaging and much needed panel discussions and **realize the economic reality of working on GBM** with **Kirk Tanner (NBTS)**



Explore rational strategies for selecting the best-in-class drugs: **pre-clinical evaluations of novel therapeutic approaches** with **Jann Sarkaria** and **Astrazeneca**

YOUR EXPERT SPEAKERS



Ed Reilly
Distinguished
Research Fellow,
Oncology Discovery
AbbVie



Stephen Durant
Associate Principal
Scientist, Early
Oncology R&D
Bioscience
AstraZeneca



Thomas N. Seyfried
Professor
Boston College



Antonio Chiocca
Neurosurgeon-in-chief &
Chairman, Department
of Neurosurgery
**Brigham & Women's
Hospital**



Patrick Wen
Director, Neuro-Oncology
Division
**Brigham & Women's
Hospital, Neuro-
oncology, Dana-Farber
Cancer Institute**



Laurent Salphati
Principle Scientist
Genentech



**Speaker to be
Announced**
**GBM Agile, Global
Coalition for Adaptive
Research**



James Stuart
Medical Director
**Innovate
Pharmaceuticals**



Jeffrey Skolnik
Vice President, Clinical
Development
**Inovio
Pharmaceuticals**



Michael Lim
Director of the Brain
Tumor Immunotherapy
Program
**Johns Hopkins
University School of
Medicine**



Sharon Shacham
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Limited**



Jann Sarkaria
Professor of Radiation
Oncology
Mayo Clinic



Adilia Hormigo
Director Neuro-
Oncology Division
**Icahn School of
Medicine Mount Sinai
& The Tisch Cancer
Institute**



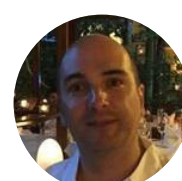
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Marnix Bosch
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Christophe Quéva
Chief Scientific Officer
Oncorus



Josep Garcia
Global Development
Lead for Avastin
Roche-Genentech



Douglas Jolly
Executive VP, Research
& Pharmaceutical
Development
Tocagen



Susan Chang
Director, Division of
Neuro-Oncology,
Director
UCSF



David Nathanson
Assistant Professor
UCLA



Timothy Cloughesy
Director, Neuro-
Oncology Program,
Professor, Neurology
UCLA



William F. Elmquist
Professor & Director
of the Brain Barriers
Research Center
**University of
Minnesota**



Ranjit S. Bindra
Associate Professor of
Therapeutic Radiology
**Yale School of
Medicine**

CONFERENCE DAY ONE

TUESDAY, DECEMBER 10, 2019

	8.00 Coffee & Registration
	8.30 Chair's Opening Remarks An overview of the current standard of care for patients diagnosed with GBM, setting the tone of openness, discussion and collaboration
Addressing the Major GBM Specific Nuances Limiting Effective GBM Treatment	
Patrick Wen Director, Neuro-Oncology Division Brigham & Women's Hospital, Neuro-oncology, Dana-Farber Cancer Institute	8.40 High Level Global Overview of Research & Clinical Development to Date for GBM - Review the challenges in developing novel therapies for glioblastoma - Address challenges of tumor heterogeneity, redundant pathway signaling, blood-brain barrier and immunosuppressive tumor environment - Discuss the design and development of novel targeted molecular therapies and immunotherapies - Overview of novel clinical trial designs
David Nathanson Assistant Professor UCLA	9.10 An Interdisciplinary Approach to Deciphering the Biology of GBM to Develop Innovative Therapies - Functional biology: Ongoing investigations to show that the interplay between oncogenic signaling and metabolism/cell death pathways can reveal novel therapeutic vulnerabilities - Establishing a drug development program focused on synthesizing and testing new, potent and brain-penetrant drugs specifically for targeting malignant glioma cells - Creating a novel patient-derived, orthotopic glioma xenograft that captures the vast molecular diversity of GBM - Employing non-invasive molecular imaging to examine how imaging can predict tumor response to therapeutics targeting specific molecular alterations in glioma patients and models
Christophe Quéva Chief Scientific Officer Oncorus CASE STUDY	9.40 Developing Next-Generation Oncolytic Viruses for the Immunotherapy of GBM - Reviewing how oncolytic viruses are an exciting approach to wakening the immune system and turning previously 'cold tumors' hot while directly killing cancer cells and promoting antigen presentation - Analyzing how the Oncorus platform is unique by its large transgene capacity, enabling the tailoring of immune stimulatory payloads to address the immune suppressive drive in GBM - Exploring unique conditional genetic models of GBM that reproduce human disease to drive transgene selection
	10.10 Morning Refreshments & Speed Networking
Thomas N. Seyfried Professor Boston College	11.10 Trailblazing a Paradigm Change - Developing a General Protocol of Treatment for GBM Patients: Metabolic Therapy - Evaluating advances in Press-pulse: a novel therapeutic strategy for the metabolic management of cancer - Identification of glutamine fermentation as the "missing link" in the metabolic theory of cancer - Understanding the therapeutic benefit of combining calorie-restricted ketogenic diet and glutamine targeting in late-stage experimental glioblastoma - How the restricted ketogenic diet facilitated delivery of DON through the blood-brain barrier and can be considered a novel drug delivery system for the brain - Discussing the plan to further explore the combination and to determine if the diet-drug therapeutic synergy found for glioblastoma could also be seen for other malignant cancers

James Stuart Medical Director Innovate Pharmaceuticals CASE STUDY	11.40 A Multi-Mechanistic Approach in Overcoming Tumor Resistance; Combining Existing Approved Drugs for Novel Formulation Techniques - Identifying the combination of factors that have limited successful glioblastoma drug development and how IP1867B is effective at avoiding these limiting factors - Revealing IP1867B, a combination of three common ingredients -aspirin, triacetin and saccharin - Analyzing how IP1867B turns ‘cold tumors hot,’ reverses acquired resistance, boosts combination efficacy and leads to a possible lowering of side effect burden - Launching IP1867B into ‘first in human’ trial
William F. Elmquist Professor and Director of the Brain Barriers Research Center University of Minnesota	12.10 Examining the Determinants of Anticancer Drug Permeability in the Blood-Brain Barrier - Realizing the importance of the BBB in limiting drug delivery and efficacy - Investigating expression and regulation of transport systems in key tissues that influence drug disposition - How variability in expression may contribute to variability in drug response in the patient - Assessing how all GBM patients have tumor regions with an intact BBB, and a cure for GBM will only be possible if these region of tumor are adequately treated
Ed Reilly Distinguished Research Fellow, Oncology Discovery AbbVie CASE STUDY	12.40 Networking Lunch 13.40 Pre-clinical Justification & Validation for Targeting EGFR Expressing Glioblastoma with Potent Tumor-Selective Antibody Drug Conjugates - Targeting overexpressed EGFR with a tumor-selective antibody drug conjugate (ADC) is an attractive therapeutic strategy for glioblastoma (GBM) - Based on preclinical efficacy experiments with GBM tumor models and the demonstration of a suitable safety profile, several EGFR ADCs have advanced to the clinic where objective responses in patients with GBM have been observed - Tackling the challenges of this therapeutic approach, including sufficient penetration through the blood brain barrier
Ranjit S. Bindra Associate Professor of Therapeutic Radiology Yale School of Medicine	14.10 Targeting DNA Damage Response Pathways for GBM - Update on clinical trials testing DDR inhibitors (DDRi's) for the treatment of GBM - Evaluating emerging, “clinic-ready” biomarkers that may predict for enhanced response to DDRi's in GBM - Exploring new targets and DDRi's on the horizon for the treatment of GBM: where are we headed?
Stephen Durant Associate Principal Scientist, Early Oncology R&D Bioscience Astra Zeneca CASE STUDY	14.40 Pre-clinical, Translational & Clinical Development of AZD1390 - the Brain-Penetrant ATM inhibitor in a Phase 1 GBM Clinical Trial - Summary of the preclinical and translational work that supports AstraZeneca's clinical investment - Update on the current Ph1 clinical trial in action across US and UK sites - Discussing the potential use of AZD1390 as a radiosensitiser beyond GBM
Moderator: Kirk Tanner Chief Scientific Officer National Brain Tumor Society (NBTS) 	15.10 Panel Discussion: Realizing the Economic Reality of Working on GBM How can we motivate companies to be more interested in glioblastoma and be willing to open up their pipelines as readily as they do with other cancer types?
	15.50 Networking Break & Poster Session

Jann Sarkaria Professor of Radiation Oncology Mayo Clinic	16.30 Pre-Clinical Evaluation of Novel Therapeutics • Employing a deliberate strategy to select the best-in-class drugs for evaluation in clinical trials • Including <i>in vitro</i> and <i>in vivo</i> analysis of drug efflux liability at the BBB coupled with an efficacy evaluation in intracranial patient-derived xenograft models of GBM • Integration of efficacy, pharmacokinetics and pharmacodynamics in PDX models can be instrumental in developing models to interpret Phase 0 surgical sampling studies and possibly the ultimate clinical success of a therapeutic strategy
Susan Chang Director, Division of Neuro-Oncology, Director UCSF	17.00 Examining Clinical Trial Design & Defining Tumor Burden • Considerations for the high rate of phase 2 failures • What are robust early indicators that show potential for efficacy? • Incorporation of advanced imaging biomarkers to define tumor burden more accurately and how this can accelerate early clinical development
Josep Garcia Global Development Lead for Avastin Roche-Genentech 	17.30 A Retrospective Look at the Journey of Avastin in GBM: “Back to the Future” • Overview of the development path of Avastin in GBM • Review of the hurdles and challenges along the way • Lessons learned and key takeaways
Moderator: Kirk Tanner Chief Scientific Officer National Brain Tumor Society (NBTS) 	18.00 Panel Discussion: Learning from Failed Clinical Trials Week on week, there is an increasing body of drugs that have failed to move the needle in glioblastoma. The failure rates at phase 2 for GBM are tragic. Moving forward, what can we learn from the plethora of failed phase 2 trials?
	18.30 Chair’s Closing Remarks
	18.40 End of Day One of the 1st Glioblastoma Drug Development Summit

■ ■ The meeting is truly the first that brings together the top experts in the field, discovery scientists, physicians, drug developers, biotech and foundations. Nothing like a concerted wide ranging effort to ensure therapeutic advances against this disease, and measuring progress between yearly reiterations of this promising summit. ■ ■

Christophe Quéva, Chief Scientific Officer, Oncorus

CONFERENCE DAY TWO

WEDNESDAY, DECEMBER 11, 2019

	8.00 Coffee & Registration
Kirk Tanner Chief Scientific Officer National Brain Tumor Society (NBTS)	9.00 Chair's Opening Remarks
Realizing Immunotherapy's Potential to Successfully Treat Recurrent Glioblastoma Patients	
Michael Lim Director of the Brain Tumor Immunotherapy Program Johns Hopkins University School of Medicine	9.10 Assessing the Current State of Immunotherapy for GBM • Elucidating the mechanisms of immune evasion by primary brain tumors • Developing translational studies to develop the next generation of GBM clinical trials • Pioneering translation of novel therapies against glioma • Insights into why immunotherapy has failed in various clinical trials to date
Timothy Cloughesy Director, Neuro-Oncology Program, Professor, Neurology UCLA	9.40 Coaxing T-cells into Action: Leveraging a Rational & Logical Way to Develop Immunotherapies • How recent findings suggest that the neoadjuvant administration of PD-1 blockade enhances both the local and systemic antitumor immune response • Combining checkpoint inhibitors that target molecules called PD-1/PD-L1 like pembrolizumab with CTLA-4 blockades • How this data can help our understanding of the mechanisms by which some patients generate
Antonio Chiocca Neurosurgeon-in-chief & Chairman, Department of Neurosurgery Brigham & Women's Hospital	10.10 Clinical Case Study: Exploring Gene & Viral based Immunotherapies for Glioblastoma • Developing novel genetic therapies and engineering of viruses to kill tumor cells without affecting normal brain cells • Combining these experimental therapies with novel pharmacological and immunotherapeutic approaches for brain cancer • Phase I clinical trial: Preclinical evaluation of oncolytic viruses for glioma therapy and the development of a recombinant Herpes virus
	10.40 Morning Refreshments
Douglas Jolly Executive VP, Research & Pharmaceutical Development Tocagen	11.10 Clinical Case Study: Immuno-Gene Therapy - Selectively Infecting Cancer Cells to Stimulate Robust & Durable Anti-Cancer Immune Responses • Exploration of ongoing clinical trials to date, both phase one and phase three • Details on the approaches taken and the RRV platform and lead product candidates, Toca 511 and Toca FC • Reviewing the challenges and rewards for monitoring immune responses in the clinic • Discussing manufacturing considerations
Marnix Bosch Chief Technology Officer Northwest Biotherapeutics	11.40 DCVax Technology: Leveraging Activated Dendritic Cells in Clinical 40 for GBM • Exploring the history, biology and development of the platform technology DCVax • Outlining the key aspects of the DCVax technology that contribute to the positive clinical results ■ Designed to mobilize the entire immune system ■ Designed to target not just one but the full set of biomarkers on the patient's tumor ■ DCVax is personalized, and targets the particular biomarkers expressed on that patient's tumor • Pinpointing highs and lows of clinical development to date

Adilia Hormigo Director Neuro- Oncology Division, Icahn School of Medicine Mount Sinai & The Tisch Cancer Institute	12.10 Active Clinical Trial: Developing Personalized Cancer Vaccines for Newly Diagnosed Glioblastoma • Introduction to the trial: Precision medicine in the form of a vaccine, a mutation-derived tumor antigen vaccine (MTA- vaccine) in combination with standard care treatment of glioblastoma and TTFields • Preparation of MTA-based personalized vaccine in the laboratory with peptides based on each patient's own tumor mutations and immune recognition to ensure a robust response from the immune system • Considerations for compliance, manufacturing quality control and costs
	12.40 Networking Lunch
Driving More Effective Clinical Trial Design	
Speaker to be Announced GBM Agile, Global Coalition for Adaptive Research	13.40 GBM Agile: Identifying More Effective Therapies for the Right Patients Faster • Transforming clinical trials by designing an adaptive platform trial: Adaptive Global Innovative Learning Environment for Glioblastoma (GBM AGILE) • How adaptive platform trials maintain several "treatment arms" to simultaneously and dynamically study the effects of multiple unique drugs for one given disease • How GBM AGILE is creating a rich biomarker repository and paving the way for Bayesian analysis of multiple GBM drugs • GCAR aims to run similar adaptive Bayesian trials for other rare or deadly diseases: trailblazing adaptive platform trials
Laurent Salphati Principle Scientist Genentech CASE STUDY	14.10 Discovery & Preclinical Development of a PI3K Inhibitor for the Treatment of Glioblastoma • Evaluating how the PI3K pathway is altered in a majority of GBM patients • Analyzing how the PI3K inhibitor GDC-0084 was optimized for brain penetration and specifically developed as a potential treatment of GBM • Assessing the evidence of brain penetration, target modulation and efficacy in preclinical models of GBM led to its evaluation in clinical trials
James Garner Chief Executive Officer & Managing Director Kazia Therapeutics Limited CASE STUDY	14.40 Realizing Potential: Taking GDC-0084 Forward in Glioblastoma • Identifying a target population: newly-diagnosed versus recurrent patients • Addressing the challenges and opportunities in designing a definitive clinical proof-of-concept for GBM • Defining a path-to-market for GDC-0084 • Establishing the commercial prospects for a new drug in GBM
Sharon Shacham President & Chief Scientific Officer, Co- founder Karyopharm CASE STUDY	15.40 Clinical Case Study: Driving a New Therapeutic Strategy to Accelerate to the Clinic • Exportin 1 (XPO1) levels are elevated in most glioblastomas (GBM) versus glial cells and tumors that express higher XPO1 levels have poor prognosis with shorter survival; similar observations apply to other tumors • Selinexor is first-in-class, oral, Selective Inhibitor of Nuclear Export (SINE) compound that forces the nuclear retention and activation of most tumor suppressor proteins (e.g., p53, p21, p27, pRB) and reduces levels of certain oncoproteins (e.g., c-myc, cyclin D1) • Selinexor was recently approved by the FDA to treat refractory multiple myeloma (XPOVIO™) and has good brain penetration with significant activity in xenograft and patient-derived orthotopic GBM models • Selinexor has shown single agent activity in phase II ("KING" Study) in patients with relapsed or refractory GBM following ≥1 prior regimen with an ORR of ~10% and 6-cycle PFS of 30%, or 6-months PFS of 19%; dosing is once weekly oral with low grade gastrointestinal effects and mild thrombocytopenia
Jeffrey Skolnik Vice President, Clinical Development Inovio Pharmaceuticals CASE STUDY	16.10 Clinical Case Study: Inovio's Innovative Combination Trial • Optimizing T cell-generating therapies in combination with PD-1/PD-L1 inhibitors for GBM • Overview of the INO-5401 clinical trial and challenges to overcome in translation to phase 2 trials
	16.40 Chair's Closing Remarks
16.50 End of 1st Glioblastoma Drug Development Summit	

Why GBM Experts are Excited to Attend:

Any forum that focusses on addressing the high unmet medical need that is Glioblastoma is of vital importance to foster collaboration and advance our fight against this devastating disease. AstraZeneca has made considerable investment in preclinical, translational and clinical research into this area. I am delighted to represent AstraZeneca's concerted efforts to understand and tackle this and other CNS malignancies by preventing the resistance mechanisms to radiotherapy that are responsible for current treatment relapse. I hope the meeting helps to forge even closer interactions within our vitally important research community

**Stephen Durant, Associate
Principal Scientist, Early Oncology R&D
Bioscience
AstraZeneca**

Some 12,000 Americans will be diagnosed with glioblastoma each year, and the median survival from diagnosis remains around 15 months. It is vital that the full resources of modern cancer therapy are brought to bear on this devastating disease. We are proud to be part of the ground-breaking conference that brings together world leading experts in the field to address the enormous scientific, clinical, and personal challenges posed by this disease.

**James Garner, Chief Executive
Officer & Managing Director,
Kazia Therapeutics Limited**

Very excited to participate in this exciting conference, which brings together key opinion leaders from multiple unique realms within the GBM space!

**Ranjit S. Bindra, Associate
Professor of Therapeutic Radiology
Yale School of Medicine**

I look forward to working with leaders in the field of Glioblastoma research to advance the treatment for patients to improve outcome.

**Susan Chang, Director,
Division of Neuro-
Oncology, Director
UCSF**

There has been little progress in developing more effective therapies for glioblastoma. This is a much needed conference to bring the leaders in the field together to develop more effective therapeutic strategies

**Patrick Wen, Director
Center For Neuro-Oncology
Dana-Farber
Cancer Institute**

GBM remains an impossibly difficult cancer not only to treat, but for which to develop effective novel therapies. By bringing together the best in the academic, patient-centric and industry spaces in order to engage in a productive dialogue, we can strive towards one new idea, one novel option, bringing even one patient a meaningful difference in her or his life.

**Jeffrey Skolnik, Vice President Clinical
Development, Inovio Pharmaceuticals**

Partnership Opportunities

Are you looking to work with pioneering Glioblastoma drug developers desperate to treat this aggressive cancer?

Partnering with the inaugural **Glioblastoma Drug Development Summit** is your opportunity to demonstrate your expertise in GBM drug development and elevate your company's standing and influence within this striving community.

Your brand, your message, your reputation showcased in front of the leading experts in the field of GBM.

This forum provides a unique platform for you to demonstrate how your company can enable drug developers to overcome the barriers preventing the development of truly effective treatment for GBM.

How? We'll work with you to build a bespoke partnership to ensure that you meet your 2019 business objectives. Among other options, this is a chance to present with our expert speakers on the agenda, host networking sessions or exhibit.

Get in touch today to learn more about how we can support your business objectives within GBM drug development.

Email us at sponsor@hansonwade.com

Audience Seniority*



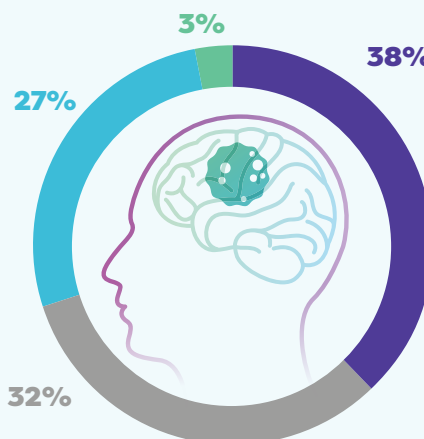
C-Level: 26%

Vice President: 10%

Senior Director/
Director: 40%

Scientist: 24%

Attending Companies*



Pharma
Biotech
**Solution
Providers**
Academia

*Based on previous Hanson Wade statistics

Previous Hanson Wade Oncology Event Attendees Include:



Become a Partner



Frank Plowden
Partnerships Manager
Tel: +1 617 455 4188
Email: sponsor@hansonwade.com

READY TO REGISTER?

3 EASY WAYS TO BOOK

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- ① **Uncover the major GBM specific nuances** limiting effective GBM treatment
- ② **Discover the potential of immunotherapy** to successfully treat recurrent glioblastoma with clinical case studies from pioneering biotechs
- ③ Learn about the different industry approaches for **innovative trial design** to drive more effective therapies and take part in discussions driven by the necessity to **learn from the plethora of failed phase II trials**

Secure Your Place

Industry Pricing	Register & Pay before Friday September 20 (Save \$800!)	Standard Price
Conference Only	\$1,899	\$2,699

Academic Pricing	Register & Pay before Friday September 20 (Save \$600!)	Standard Price
Conference Only	\$1,099	\$1,699

Team Discounts*

- **10% discount – 3 delegates**
- **15% discount – 4 delegates**
- **20% discount – 5 or more delegates**

*Please note that discounts are only valid when three or more delegates from one company book and pay at the same time.

Discounts cannot be used in conjunction with any other offer or discount. Only one discount offer may be applied to the current pricing rate.

Contact: register@hansonwade.com

VENUE

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Full payment is due on registration. Cancellation and Substitution Policy: Cancellations must be received in writing. If the cancellation is received more than 14 days before the conference attendees will receive a full credit to a future conference. Cancellations received 14 days or less (including the fourteenth day) prior to the conference will be liable for the full fee. A substitution from the same organization can be made at any time.

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