



March 10 – 14

NCCN 2010

NCCN 15th Annual Conference:
CLINICAL PRACTICE GUIDELINES & QUALITY CANCER CARE™

Exhibitor Application Form

Exhibitor Information *(please print)*

Please fax or e-mail this completed form to Jennifer Tredwell at 215.690.0280 or tredwell@nccn.org

Organization: _____

Contact Name: _____
(Name of person who will be responsible for your exhibit and to whom all future correspondence should be sent)

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____
(Required for registration)

Signature: _____
(Required for exhibit space reservation)

List exhibitors you do not wish to be next to or directly across the aisle from.

Promotional Information

Organization Name for Conference Materials
(Use upper and lower case letters exactly as your organization's name should appear on all conference materials)

Please provide a brief 75-word description of your company/product to be included in the NCCN 15th Annual Conference Exhibit Guide, which will be distributed to all conference attendees.

Payment Information

(Circle appropriate fee)

	Through Nov. 30, 2009	After Nov. 30, 2009
10' x 10' Exhibitor Space	\$5,500	\$6,000
10' x 20' Exhibitor Space	\$11,500	\$12,000
10' x 30' Exhibitor Space	\$17,500	\$18,000
10' x 20' Exhibitor Space – <i>Food and Beverage Corner</i>	\$19,500	\$20,000
20' x 20' Exhibitor Space – <i>Island</i>	\$23,500	\$24,000

Visa/MasterCard/
American Express

Check enclosed
(Please make checks payable to NCCN)

Please send me an
Invoice

Cardholder's Name: _____

Cardholder's E-mail Address: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Card Number: _____

Expiration Date: _____ Verification Number: _____

NCCN may charge the credit card indicated above for the correct fee.

Signature: _____

EXHIBIT DATES:
MARCH 11 – 12, 2010

Deadline for Submission:
Friday, January 15, 2010

Instructions:

1. Apply for exhibit space by completing this form and indicating your method of payment by Friday, January 15, 2010.
2. You will receive a letter confirming receipt of your application and a registration packet including NCCN 15th Annual Conference registration forms. Each individual exhibiting must complete and return this form.
3. You will receive a Service Kit with exhibit details 4 to 6 weeks before the NCCN 15th Annual Conference.

NCCN adheres to the ACCME's Standards for Commercial Support, which state that arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities, and that the live educational activity must remain completely separate from the exhibits and promotional activities. NCCN appreciates their exhibitors' adherence to this policy.

Submit your completed application form or for more information, please contact:

Jennifer Tredwell
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Fort Washington, PA 19034
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tredwell@nccn.org