

March 10 – 14



NCCN 2010

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

NCCN Reimbursement Resource Room

The Westin Diplomat • 3555 South Ocean Drive • Hollywood, Florida
Diplomat 1 & 2 • Ballroom Level • The Westin Diplomat Convention Center

During the NCCN 15th Annual Conference: Clinical Practice Guidelines & Quality Cancer Care™ on March 10 – 14, 2010, NCCN will have a dedicated room for clinicians to visit and learn about industry reimbursement help and services. Individual tables will be available and the opportunity to give a presentation. This space will not be part of the NCCN Exhibit Hall.

Hours of Operation:

Thursday, March 11, 2010	7:00 AM – 5:00 PM
Friday, March 12, 2010	7:00 AM – 5:00 PM
Saturday, March 13, 2010	7:00 AM – 1:00 PM



**New
NCCN Offering -
Secure your
space today!**

NCCN Reimbursement Resource Room

Application Information

(please print)

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 space reservation)

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)

Table: **\$10,000**

Presentation: **\$25,000**

TOTAL Fees: \$ _____

Visa/MasterCard/American Express Check enclosed Please send me an Invoice
(Please make checks payable to NCCN and mail to: 275 Commerce Drive, Suite 300, Fort Washington, PA 19034, Attn: Janice Tucker)

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: _____

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

NCCN Reimbursement Resource Room March 11 - 13, 2010

Deadline for Submission:
Friday, January 15, 2010

Instructions:

1. Apply for NCCN Reimbursement Resource Room 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.

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 adherence to this policy.

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

Jennifer Tredwell
Senior Manager Marketing & Communications
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Fort Washington, PA 19034
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