



National  
Comprehensive  
Cancer  
Network®

Exhibitor  
Early Bird  
Discount Expires  
April 18, 2008

# Reserve Your Premier Exhibit Space Today!

NCCN 1<sup>ST</sup> ANNUAL FORUM:

## Innovative Diagnostics & Therapeutics in Cancer Care™

September 4, 2008

NCCN 3<sup>RD</sup> ANNUAL CONGRESS:

## Hematologic Malignancies™

September 5 – 6, 2008

New York Marriott at the Brooklyn Bridge  
Brooklyn, New York

Join the National Comprehensive Cancer Network at the NCCN 1<sup>st</sup> Annual Forum: Innovative Diagnostics & Therapeutics in Cancer Care™ and the NCCN 3<sup>rd</sup> Annual Congress: Hematologic Malignancies™, where we bring oncology professionals new and updated treatment guidelines as well as news about cancer therapies, and information on emerging new agents. Each exhibitor will receive two complimentary attendee registrations.

**Standard Booth Space:**

Only a limited amount of tabletop exhibits are offered.

**Exhibit Dates:**

Thursday, September 4, 2008

Friday, September 5, 2008



Visit [www.nccn.org](http://www.nccn.org) to view more information.

# Exhibit Space Application and Contract

NCCN 1<sup>ST</sup> ANNUAL FORUM:

**Innovative Diagnostics & Therapeutics in Cancer Care™**

NCCN 3<sup>RD</sup> ANNUAL CONGRESS:

**Hematologic Malignancies™**

**EARLY BIRD  
DISCOUNT EXPIRES:  
Friday, April 18, 2008**

**DEADLINE TO SUBMIT  
APPLICATION:  
Friday, July 25, 2008**

## INSTRUCTIONS

1. Apply for exhibit space by completing this form and submitting it with payment by **Friday, July 25, 2008**.
2. You will receive a confirmation letter and a registration packet including attendee registration forms.
3. You will receive a Service Kit with exhibit details four to six weeks before the event.

## SEND COMPLETED APPLICATION TO:

**Jennifer Tredwell**

*Advertising Manger*

NCCN

275 Commerce Dr., Suite 300

Ft. Washington, PA 19034

Phone – 215.690.0274

Fax – 215.690.0280

[tredwell@nccn.org](mailto:tredwell@nccn.org)

## FOR SUPPORT OPPORTUNITIES:

**Lyn Fitzgerald**

*Manger, Business Development*

NCCN

275 Commerce Dr., Suite 300

Ft. Washington, PA 19034

Phone – 215.690.0226

Fax – 215.690.0280

[fitzgerald@nccn.org](mailto:fitzgerald@nccn.org)

## EXHIBITOR INFORMATION *(please type or print clearly)*

Organization \_\_\_\_\_

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

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail (required) \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PAYMENT INFORMATION

\$9,500 (if reserved by April 18, 2008) - Tabletop only

\$10,000 (if reserved after April 18, 2008 and before July 25, 2008) - Tabletop only

Check enclosed (Please make checks payable to: **National Comprehensive Cancer Network** and mail to: NCCN, 275 Commerce Drive, Suite 300, Ft. Washington, PA 19034, Attn: Janice Tucker)

Visa

MasterCard

American Express

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Providence \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Card Number \_\_\_\_\_

Card Verification # \_\_\_\_\_ Exp. Date \_\_\_\_\_

NCCN may charge the credit card for the amount as indicated above.

Signature \_\_\_\_\_

## PROMOTIONAL INFORMATION

Organization Name for Conference Materials *(Use upper and lower case letters exactly as you want your organization's name to appear on conference materials and signage)*

\_\_\_\_\_

**For office use only**

Date Application received \_\_\_\_\_ Date Exhibit fee received \_\_\_\_\_