

EXHIBITOR SPACE APPLICATION & CONTRACT

NCCN2012

CLINICAL PRACTICE GUIDELINES & QUALITY CANCER CARE™

17th Annual Conference

March 14 – 18
The Westin Diplomat
Hollywood, Florida

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 _____

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.

Signature required for exhibit space reservation.

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.)

Please provide a brief 75-word description of your company/product to be included in the NCCN 17th Annual Conference Exhibit Guide, which will be distributed to all conference attendees.

PAYMENT INFORMATION

- \$ 6,000 (\$ 5,500 if reserved by Dec. 2, 2011) 10' x 10' Exhibitor Space
- \$12,000 (\$11,500 if reserved by Dec. 2, 2011) 10' x 20' Exhibitor Space
- \$18,000 (\$17,500 if reserved by Dec. 2, 2011) 10' x 30' Exhibitor Space
- \$20,000 (\$19,500 if reserved by Dec. 2, 2011) Food & Beverage Corner 10' x 20' Exhibitor Space
- \$24,000 (\$23,500 if reserved by Dec. 2, 2011) 20' x 20' Island Exhibitor Space
- \$24,000 (\$23,500 if reserved by Dec. 2, 2011) 10' x 40' Exhibitor Space
- \$30,000 (\$29,500 if reserved by Dec. 2, 2011) 10' x 50' Exhibitor Space

Please send an invoice

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

American Express Discover MasterCard Visa

Cardholder's Name _____

Billing Address _____

Cardholder's E-mail _____

City _____ State _____ Zip/Postal Code _____

Card # _____ Security Code # _____ Exp. Date _____

Signature _____

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

Exhibit Dates

March 15-16, 2012

Deadline for Submission

Friday, January 27, 2012

Instructions

1. Apply for exhibit space by completing this form and submitting it with payment by Friday, January 27, 2012.
2. You will receive a letter confirming receipt of your application and a registration packet for the NCCN 17th Annual Conference. Each individual exhibiting must complete and return this form.
3. You will receive a Show Services Kit with exhibit details 4 to 6 weeks before the NCCN 17th Annual Conference.

Send your completed application to (or contact for more information):

Jennifer Tredwell

Director, Marketing

NCCN

275 Commerce Drive

Suite 300

Fort Washington, PA 19034

Phone: 215.690.0274

Fax: 215.690.0280

tredwell@nccn.org



National
Comprehensive
Cancer
Network®