

NCCN 18th ANNUAL CONFERENCE: Advancing the Standard of Cancer Care™

The Westin Diplomat • Hollywood, Florida

Conference Dates: March 13 – 17, 2013

Exhibit Dates: March 13 – 15, 2013

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 Exhibit Guide*.

SPACE RESERVATIONS

- \$6,000 (\$5,500 if reserved by Nov. 30, 2012) 10' x 10' Exhibitor Space
- \$12,000 (\$11,500 if reserved by Nov. 30, 2012) 10' x 20' Exhibitor Space
- \$18,000 (\$17,500 if reserved by Nov. 30, 2012) 10' x 30' Exhibitor Space
- \$20,000 (\$19,500 if reserved by Nov. 30, 2012)
Food & Beverage Corner 10' x 20' Exhibitor Space
- \$24,000 (\$23,500 if reserved by Nov. 30, 2012) 20' x 20' Island Exhibitor Space
- \$24,000 (\$23,500 if reserved by Nov. 30, 2012) 10' x 40' Exhibitor Space
- \$30,000 (\$29,500 if reserved by Nov. 30, 2012) 10' x 50' Exhibitor Space

TOTAL: _____

- \$700 Advocacy Group
Table Top Exhibit
- \$3,000 Nonprofit
10' x 10' exhibit

TOTAL: _____

- 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)
- Credit Card: American Express Discover Card MasterCard Visa

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date: _____ Verification Number: _____

Signature: _____

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

Instructions

1. Apply for exhibit space by completing this form or completing online application at NCCN.org/AC2013 and submitting it by **FRI, JAN 18, 2013**.
2. You will receive a letter confirming receipt of your application and a registration packet for the NCCN 18th Annual Conference. Each individual exhibiting must complete and return this form.
3. You will receive a Show Service Kit with exhibit details 4 to 6 weeks before the NCCN 18th Annual Conference.

Complete this application online or in print via email or fax and send to:

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

