

Sponsor Levels



The Westin Diplomat • Hollywood, Florida
 Pre-Conference Program Date: **March 12, 2014**
 Conference Dates: **March 13 – 16, 2014**
 Exhibit Dates: **March 12 – 14, 2014**

Sponsor Levels

NCCN is pleased to invite organizations to sponsor the NCCN 19th Annual Conference. Sponsor levels are Presenting, Platinum, Gold, Silver, and Bronze. Sponsor packages can be customized to meet specific marketing needs. Reach your key audience of NCCN attendees by increasing visibility, building relationships, and supporting NCCN through these opportunities.



NCCN 19th Annual Conference Sponsor Tier Structure

| | BRONZE \$25,000 | SILVER \$40,000 | GOLD \$50,000 | PLATINUM \$75,000 | PRESENTING \$125,000 |
|---|--------------------|--------------------|------------------|----------------------|-------------------------|
| Sponsorship of Welcome Reception on evening of Wed., March 12, 2014 in Exhibit Hall | | | | | • |
| Individual Sponsor Meeting Room | | | | | • |
| First Right to Host an Exhibitor Showcase Presentation | | | | | • |
| Support Level Recognition Sign on Exhibit Booth | | | | • | • |
| Recognition Broadcast Announcement in Exhibit Hall | | | | • | • |
| Boxed Lunch Sponsor | | | • | • | • |
| Refreshment Break Sponsor | | • | • | • | • |
| Breakfast Sponsor | | • | • | • | • |
| Complimentary Annual Conference Registrations | 2 | 4 | 6 | 8 | 12 |
| Printing Station Sponsor (company name on display) | • | • | • | • | • |
| Recognition Ad in <i>NCCN Exhibit Guide</i> | 1/2 Page | 1/2 Page | Full Page | Full Page | 2 Full Pages |
| Recognition Signage in Exhibit Hall | • | • | • | • | • |
| Support Level Recognition Ribbon on Sponsor Attendee Badges | • | • | • | • | • |
| Supporter Recognition on NCCN.org Annual Conference Website | • | • | • | • | • |

To become a Presenting Sponsor, Gold, Silver, or Bronze, please contact Jennifer Tredwell at tredwell@nccn.org.



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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

- \$6,500 (\$6,000 if reserved by Dec. 2, 2013) 10' x 10' Exhibitor Space
- \$13,000 (\$12,500 if reserved by Dec. 2, 2013) 10' x 20' Exhibitor Space
- \$19,500 (\$19,000 if reserved by Dec. 2, 2013) 10' x 30' Exhibitor Space
- \$20,500 (\$20,000 if reserved by Dec. 2, 2013)
Food & Beverage Corner 10' x 20' Exhibitor Space
- \$26,000 (\$25,500 if reserved by Dec. 2, 2013) 20' x 20' Island Exhibitor Space
- \$26,000 (\$25,500 if reserved by Dec. 2, 2013) 10' x 40' Exhibitor Space
- \$32,500 (\$32,000 if reserved by Dec. 2, 2013) 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 and submitting it by **FRI, JAN 17, 2014**.
2. You will receive a letter confirming receipt of your application and a registration packet for the NCCN 19th 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 19th Annual Conference.

Send completed application 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



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