

EXHIBITOR Space Application and Contract

Conference Dates: March 12 – 14, 2015
 Exhibit Dates: March 12 – 13, 2015

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 Exhibition Guide*.

Space Reservations

- \$3,000 Nonprofit Only – Foyer Tabletop
- \$6,500 (\$6,000 if reserved by Dec. 1, 2014) 10' x 10' Exhibitor Space
- \$13,000 (\$12,500 if reserved by Dec. 1, 2014) 10' x 20' Exhibitor Space
- \$19,500 (\$19,000 if reserved by Dec. 1, 2014) 10' x 30' Exhibitor Space
- \$20,500 (\$20,000 if reserved by Dec. 1, 2014) Food & Beverage Corner 10' x 20' Exhibitor Space
- \$26,000 (\$25,500 if reserved by Dec. 1, 2014) 20' x 20' Island Exhibitor Space
- \$26,000 (\$25,500 if reserved by Dec. 1, 2014) 10' x 40' Exhibitor Space
- \$32,500 (\$32,000 if reserved by Dec. 1, 2014) 10' x 50' Exhibitor Space

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 16, 2015.**
2. You will receive a letter confirming receipt of your application and a registration packet for the NCCN 20th Annual Conference. Each individual exhibiting must be listed on this form.
3. You will receive a Show Service Kit with exhibit details 4 to 6 weeks before the NCCN 20th Annual Conference.

Send completed application to:

Jennifer Tredwell
 Director, Marketing
 NCCN
 275 Commerce Drive
 Fort Washington, PA 19034
 Phone – 215.690.0274
 Fax – 215.690.0280
exhibits@nccn.org

Payment

Method of payment must be indicated on this application. Full payment must be received (30) days prior to exhibition date.

Cancellation

For a full refund, notification of space cancellation must be received in writing on or before Wednesday, December 31, 2014.

Refund Schedule

Through December 31, 2014
 Full Refund

January 1 – 31, 2015
 50% Refund

After January 31, 2015
 No Refund

