



ANNUAL CONFERENCE
Advancing the Standard of Cancer Care™
 THE DIPLOMAT • HOLLYWOOD, FLORIDA • MARCH 31 – APRIL 2, 2016

Patient Advocacy Pavilion Kiosk APPLICATION

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) _____

Signature required for exhibit space reservation:
(type your name here to sign): _____
(electronic signature optional): _____

Promotional Information

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

Please provide a brief 100-word description of your organization with contact information to be included in the *NCCN Exhibition Guide*.

Space Reservations

Patient Advocacy Pavilion Kiosk

TOTAL: \$0

1st Attendee

Name: _____

E-mail (required) _____

2nd Attendee

Name: _____

E-mail (required) _____

3rd Attendee

Name: _____

E-mail (required) _____

Instructions

1. Apply for exhibit space by completing this form and submitting it by **Friday, January 22, 2016**.
2. You will receive a letter confirming receipt of your application and details concerning your benefits.
3. You will receive a Show Services Kit with exhibit details 4 to 6 weeks before the NCCN 21st Annual Conference.

Send completed application to:

Jennifer Tredwell, MBA
 Senior Director, Marketing
 NCCN
 275 Commerce Drive
 Fort Washington, PA 19034
 Phone – 215.690.0274
 Fax – 215.690.0280
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 Comprehensive
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 Network®