

### RESERVE YOUR EXHIBIT SPACE NOW!

#### September 30 – October 1, 2016

New York Marriott Marquis 1535 Broadway | New York, New York

Join the National Comprehensive Cancer Network® (NCCN®) at the NCCN 11<sup>th</sup> Annual Congress: Hematologic Malignancies<sup>™</sup> and demonstrate your leadership in cancer care with NCCN as a sponsor or exhibitor. The NCCN Annual Congress: Hematologic Malignancies<sup>™</sup> attracts more than 650 attendees.

The treatment of hematologic malignancies is increasingly complex. Issues relating to pathology, transplantation, and various new therapies require oncologists and hematologists to stay abreast of new advances. In addition, targeted therapies and oral treatments bring new benefits to patients. This congress will focus on the new approaches that have been incorporated into patient management, including the use of drugs, biologics, and diagnostics.

For more information, email exhibits@nccn.org.



#### > Save \$500 when you reserve exhibit space by Friday, May 27, 2016

#### > Standard Booth Space

a limited amount of tabletop exhibits are offered at this event for direct access to attendees

#### > Deadline

to reserve your exhibit space is Friday, August 19, 2016



Visit **NCCN.org/hem** to view more information.



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# 2016 Sponsor and Exhibitor Prospectus SPONSOR LEVELS

NCCN.org/hem

NCCN is pleased to invite organizations to be sponsors of the NCCN 11<sup>th</sup> Annual Congress: Hematologic Malignancies<sup>™</sup>. 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.

#### **Sponsor Tier Structure**

NCCN 11th Annual Congress: Hematologic Malignancies™

	Bronze \$25,000	Silver \$40,000	Gold \$50,000	Platinum \$75,000	Presenting \$100,000
First Right to Host an Exhibitor Showcase Presentation					•
Support Level Recognition Sign Next to Exhibit				-	-
Custom Door Drop				•	•
Recognition Broadcast Announcement in Exhibition Hall			•	•	•
Complimentary Annual Congress Registrations	2	4	6	8	10
Custom Ad in NCCN Exhibition Guide	1/2 Page	1 Full Page	2 Full Pages	3 Full Pages	4 Full Pages
Printing Station Sponsor (company name on display)		•	•		•
Preferential Placement in Exhibition Hall (exhibit purchased separately)	•	•	•	-	•
Sponsor Listing on Recognition Ad in the NCCN Exhibition Guide	•	•	•	•	•
Recognition Banner Signage in Exhibition Hall	•				
Sponsor Level Recognition Ribbon on Sponsor Attendee Badges	•	•	•	•	•
Sponsor Recognition on NCCN.org/hem Website	•	•	•	•	•

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### **Exhibit Space Application and Contract**

Exhibitor Information (Please type or print clearly)

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

Signature: \_

Organization:					
Contact Name:(Name of person who will be responsible for your exhibit a	nd 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 acr	ross the aisle from.				
Signature required for exhibit space reservation.					
Promotional Information					
Organization Name for Congress Materials					
	rganization's name to appear on congress materials and signage)				
	ny/product to be included in the NCCN 11th Annual Congress				
Exhibition Guide.					
Payment Information					
NCCN 11 <sup>th</sup> Annual Congress: Hematologic Malignancies™					
O \$10,000 (\$9,500 if reserved by Friday, May 27, 2016) -	- Tabletop Exhibit				
O \$5,000 Inside front cover, 4-color, full page Ad in the N	NCCN Exhibition Guide				
O \$5,000 Inside back cover, 4-color, full page Ad in the A	NCCN Exhibition Guide				
O \$5,000 Center Spread, 2 full page, 4-color Ads in the NCCN Exhibition Guide					
O \$1,500 Run-of-book, full page, 4-color Ad in the NCCN Exhibition Guide					
O \$1,000 Run-of-book, half page, 4-color Ad in the NCC	N Exhibition Guide				
Total:					
O Please send an invoice					
O Check enclosed (Please make checks payable to: <i>Natio</i> NCCN, 275 Commerce Drive, Ste. 300	onal Comprehensive Cancer Network and mail to: D, Fort Washington, PA 19034, Attn: Janice Tucker)				
O Credit Card (American Express/Discover/MasterCard/V	isa)				
Name:					
Billing Address:					
City:					
State/Providence	Zip/Postal Code:				
Card Number:					
Verification #:	Exp. Date:				

#### > Instructions

- Apply for exhibit space by completing this form and indicating your method of payment by Friday, August 19, 2016.
- You will receive a confirmation letter and a registration packet including attendee registration forms.
- > You will receive a Show Service Kit with exhibit details and floor plan four to six weeks before the event.

## 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 exhibits@nccn.org

# > Exhibit cancellation

Notification of exhibit space cancellation must be received in writing on or before August 31, 2016 to receive a refund or partial refund of the exhibit fee. No refunds will be made for cancellation received after August 31, 2016.

#### Cancellation Penalties:

Through July 31, 2016: Exhibit fees less \$100

Aug 1 – Aug 31, 2016: 50% refund

After Aug 31, 2016: No refund

**NCCN.org/hem**