

NCCN 12th Annual Congress: Hematologic Malignancies™



RESERVE YOUR SPACE NOW!

October 6 – 7, 2017

Hilton San Francisco Union Square
333 O'Farrell Street | San Francisco, California

Join the National Comprehensive Cancer Network® (NCCN®) at the NCCN 12th Annual Congress: Hematologic Malignancies™ and demonstrate your leadership in cancer care with NCCN as a sponsor or exhibitor. The NCCN Annual Congress: Hematologic Malignancies™ attracts more than 550 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, e-mail exhibits@nccn.org.



> Standard Booth Space

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

> Save \$500

when you reserve exhibit space by **Friday, June 2, 2017**

> Deadline

to reserve your exhibit space is **Friday, August 25, 2017**



Visit NCCN.org/hem for more information.

NCCN.org/hem

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2017 Sponsor and Exhibitor Prospectus

NCCN.org/hem

SPONSOR LEVELS

NCCN is pleased to invite organizations to be sponsors of the NCCN 12th Annual Congress: Hematologic Malignancies™. 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 12th 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 <i>NCCN Exhibition Guide</i>	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 <i>NCCN Exhibition Guide</i>	▪	▪	▪	▪	▪
Recognition Banner Signage in Exhibition Hall	▪	▪	▪	▪	▪
Sponsor Level Recognition Ribbon on Sponsor Attendee Badges	▪	▪	▪	▪	▪
Sponsor Recognition on NCCN.org/hem Website	▪	▪	▪	▪	▪

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

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Exhibit Space Application and Contract

NCCN.org/hem

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 Congress Materials _____
(Use upper and lower case letters exactly as you want your organization's name to appear on congress materials and signage)
Please provide a brief 75-word description of your company/product to be included in the NCCN 12th Annual Congress
Exhibition Guide. _____

Payment Information

NCCN 12th Annual Congress: Hematologic Malignancies™

- \$10,000 (\$9,500 if reserved by **Friday, June 2, 2017**) – Tabletop Exhibit
- \$5,000 Inside front cover, 4-color, full page Ad in the *NCCN Exhibition Guide*
- \$5,000 Inside back cover, 4-color, full page Ad in the *NCCN Exhibition Guide*
- \$5,000 Center Spread, 2 full page, 4-color Ads in the *NCCN Exhibition Guide*
- \$1,500 Run-of-book, full page, 4-color Ad in the *NCCN Exhibition Guide*
- \$1,000 Run-of-book, half page, 4-color Ad in the *NCCN Exhibition Guide*

Total: _____

- Please send an invoice
- Check enclosed (Please make checks payable to: *National Comprehensive Cancer Network* and mail to:
NCCN, 275 Commerce Drive, Ste. 300, Fort Washington, PA 19034, Attn: Accounting Department)
- Credit Card (American Express/Discover/MasterCard/Visa)

Name: _____
Billing Address: _____
City: _____
State/Province: _____ Zip/Postal Code: _____
Card Number: _____
Verification #: _____ Exp. Date: _____
NCCN may charge the credit card for the amount as indicated above.
Signature: _____

> Instructions

- > Apply for exhibit space by completing this form and indicating your method of payment by **Friday, August 25, 2017**.
- > 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, 2017** to receive a refund or partial refund of the exhibit fee. No refunds will be made for cancellation received after **August 31, 2017**.

Cancellation Penalties:

Exhibit fees less \$100
Through **July 31, 2017**

50% refund
August 1 – 31, 2017

No refund
After **August 31, 2017**