

## 2017 SPONSOR AND EXHIBITOR PROSPECTUS

**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 12<sup>th</sup> 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 500 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](mailto:exhibits@nccn.org).



### > **Standard Booth Space**

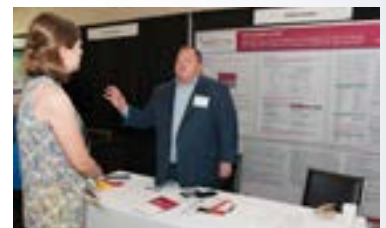
a limited amount of tabletop exhibits are offered at this event for direct access to attendees.

### > **Save \$500**

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

### > **Deadline**

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





# NCCN 12<sup>th</sup> Annual Congress: Hematologic Malignancies™

2017 SPONSOR AND EXHIBITOR PROSPECTUS

[NCCN.org/hem](http://NCCN.org/hem)

## Congress Overview

### Intended Audience

This congress is designed to meet the educational needs of hematologists, oncologists, nurses, pharmacists, and other health care professionals who manage patients with hematologic malignancies.

### Co-Chairs

**Ranjana H. Advani, MD**

*Stanford Cancer Institute*

**Andrew D. Zelenetz, MD, PhD**

*Memorial Sloan Kettering Cancer Institute*

### Location

Hilton San Francisco Union Square  
333 O'Farrell Street  
San Francisco, CA 94102

### Schedule\*

#### Friday, October 6, 2017

**4:30 – 6:00 PM**

Registration, Exhibits, and Refreshments

**6:00 – 8:35 PM**

Educational Sessions

#### Saturday, October 7, 2017

**6:30 AM**

Registration Opens

**7:00 – 8:00 AM**

Registration, Exhibits, and Breakfast

**8:00 AM – 5:00 PM**

Educational Sessions with a Morning Break, Lunch and Afternoon Break



\* Subject to change.

Faculty and sessions will be added as they are confirmed.

To help increase traffic, refreshments, breakfast, lunch, and breaks will be held in the exhibit area.



# NCCN 12<sup>th</sup> Annual Congress: Hematologic Malignancies™

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NCCN.org/hem

## Exhibit Opportunities

Exhibitors have valuable opportunities to:

- Engage key opinion leaders in oncology
- Identify new business opportunities
- Connect with cancer care professionals from across the U.S.
- Increase brand visibility
- Market new programs, products, or services

## Attendees

The NCCN 11<sup>th</sup> Annual Congress: Hematologic Malignancies™ attracted more than 500 oncology medical professionals.

## Attendees from the 2016 NCCN 11<sup>th</sup> Hematologic Malignancies Congress

Attendee	Number
Physicians	145
Nurses	78
Pharmacists	46
Health Care Professionals	42
Industry, Exhibitors, and Press	172
Speakers and Staff	41
<b>Total</b>	<b>524</b>

## Past Exhibitors

- AbbVie
- ABBVIE Oncology
- Adaptive Biotechnologies
- ARIAD Pharmaceuticals, Inc.
- Astellas Pharma Inc.
- Celgene Corporation
- Foundation Medicine
- Genentech
- Genoptix, a Novartis company
- Gilead Sciences, Inc.
- Harborside Press
- Incyte Corporation
- Janssen
- Jazz Pharmaceuticals
- Kite Pharma, Inc.
- MDS Foundation, Inc.
- Novartis Oncology
- Patient Access Network (PAN) Foundation
- Pfizer
- Pharmacyclics LLC, an AbbVie Company
- Roswell Park Cancer Institute\*
- Sandoz – a Novartis division
- Seattle Genetics
- Shire
- Sigma-Tau Pharmaceuticals, Inc.
- Spectrum Pharmaceuticals, Inc.
- Takeda Oncology
- Teva Oncology
- The Leukemia & Lymphoma Society (LLS)

\* NCCN Member Institution





# NCCN 12<sup>th</sup> Annual Congress: Hematologic Malignancies™

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## 2017 Sponsor and Exhibitor Prospectus

### SPONSOR LEVELS

NCCN is pleased to invite organizations to be sponsors of the NCCN 12<sup>th</sup> 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 12<sup>th</sup> 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
Congress WiFi Sponsor (company name on login page)	▪	▪	▪	▪	▪
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 <b>NCCN.org/hem</b> Website	▪	▪	▪	▪	▪



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



# NCCN 12<sup>th</sup> Annual Congress: Hematologic Malignancies™

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[NCCN.org/hem](http://NCCN.org/hem)

## A Wealth of Opportunities to Fit Your Strategic Marketing Needs Included in the Exhibit Fee, Each Exhibitor Receives:

- Two (2) complimentary full congress registrations
- Four (4) exhibit hall only badges
- Refreshments on Friday evening, breakfast, lunch, and breaks on Saturday for all attendees
- One (1) 6-foot draped table
- Carpeted exhibit area space
- One (1) identification sign with company name
- Two (2) chairs
- One (1) wastebasket

### **NCCN Exhibition Guide**

All exhibitors will be individually listed in the *NCCN Exhibition Guide* with a company description. The *NCCN Exhibition Guide* is inserted into all attendee bags and displayed at all exhibit hall entrances.

### **Discount Advertising and Insert Rates in the NCCN Exhibition Guide**

As an exhibitor, you can take advantage of discounted rates to advertise or place an insert in the *NCCN Exhibition Guide*.

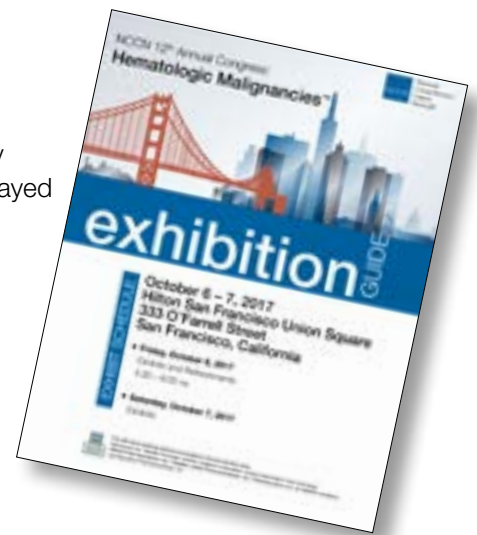
### **Standard Exhibit Space**

Only tabletop exhibits are permitted.

### **Exhibit Dates**

Friday, October 6, 2017

Saturday, October 7, 2017





# NCCN 12<sup>th</sup> Annual Congress: Hematologic Malignancies™

## 2017 SPONSOR AND EXHIBITOR PROSPECTUS

NCCN.org/hem

### Exhibitor Offerings

All supporters of the exhibitor offerings will be recognized in:

- The *NCCN Exhibition Guide* with a highlighted notation of support next to your company's description
- A half page advertisement in the *NCCN Exhibition Guide* to promote sponsorship of the offering
- Sponsor signage

#### Cyber Café

**\$25,000**



A cyber café will be available for sponsorship. Offering complimentary internet access to NCCN attendees, this café will be centrally located in the exhibit area. Provide your company's artwork to be reproduced on a customized computer station with three computer screens. Your company's logo will be featured on promotional signs and as a screen saver on the three Cyber Café computers.

#### Charging Station

**\$15,000**

This station not only provides multiple cables for attendees to charge their mobile devices, but also offers the opportunity to engage in conversation while they wait. Prominently display your artwork or logo on the station billboard that is placed next to your exhibit.

#### Water Bottle Sponsorship

**\$10,000**

Have your logo appear on the label of disposable water bottles. These bottles will be on display and available throughout the exhibit area in the food and beverage areas. Sponsorship fee includes the cost of the water bottles.

#### Patient Advocacy Pavilion Sponsorship

**beginning at \$5,000**

Become a sponsor of the NCCN Patient Advocacy Pavilion program, where multiple patient advocacy groups, representing a range of disease types, are able to attend and exhibit with individual kiosks and present their information on patient services. Sponsors are listed on display structures, *NCCN Exhibition Guide* ads, door drop flyer, and poster signage.



#### Door Drop

**\$2,500**

Have your custom door drop piece included in a door drop bag delivered to all attendees staying in the NCCN Room Block on Friday evening.



# NCCN 12<sup>th</sup> Annual Congress: **Hematologic Malignancies™**

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[NCCN.org/hem](http://NCCN.org/hem)

## Accommodations

A block of rooms has been reserved at The Hilton San Francisco Union Square. You may book rooms by calling **1-415-771-1400** or online by visiting [NCCN.org/hem](http://NCCN.org/hem).

A special rate of \$269 has been established for NCCN attendees. Please book your room by **Tuesday, September 5<sup>th</sup>** to take advantage of this special rate. Please note that early booking is strongly encouraged as the block may sell out before the September 5<sup>th</sup> cut-off date.

Please be sure to reference NCCN when booking your room! You must be registered for the Congress to book a hotel room.

## Payment Schedule

Payment may be made by check or money order (made payable to “**National Comprehensive Cancer Network**”) or by credit card (American Express, Discover, MasterCard, or Visa).

## Exhibit Assignment

Exhibit space is assigned as exhibit space applications are received. Exhibit space applications will be accepted until **Friday, August 25, 2017** or until all spaces are filled. Exhibit numbers and final floor plan will be available on **Friday, September 1, 2017**.

## Exhibit Cancellation

Notification of exhibit space cancellation must be received in writing on or before **Thursday, August 31, 2017** to receive a refund or partial refund of the exhibit fee. No refunds will be made for cancellation received after **Thursday, August 31, 2017**.

## Booth Cancellation Penalties

- **Through July 31, 2017:** Exhibit fee less \$100
- **August 1 – August 31, 2017:** 50% refund
- **After August 31, 2017:** No refund

**Early Bird Discount — Save \$500!** Reserve exhibit space by Friday, June 2, 2017





# NCCN 12<sup>th</sup> Annual Congress: Hematologic Malignancies™

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## Exhibit Space Application and Contract

Page 1 of 2 (application is two pages)

### Exhibitor Information (Please type or print clearly)

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

(Name of person who will be responsible for your sponsorship and to whom all future correspondence should be sent.)

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail (required) \_\_\_\_\_

Signature required for contract (type your name here to sign): \_\_\_\_\_

(electronic signature optional): \_\_\_\_\_

### 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 12<sup>th</sup> Annual Congress Exhibition Guide. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Payment Information

NCCN 12<sup>th</sup> Annual Congress: Hematologic Malignancies™

\$10,000 (\$9,500 if reserved by **Friday, June 2, 2017**) – Tabletop Exhibit

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)

Credit Card:  American Express  Discover Card  MasterCard  Visa

\*NCCN will apply an additional fee for credit card charges of \$50,000 or more.

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_

Signature: \_\_\_\_\_

(electronic signature optional) NCCN may charge the credit card for the amount as indicated above.

### > 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**

**NCCN.org/hem**

continued on next page





# NCCN 12<sup>th</sup> Annual Congress: Hematologic Malignancies™

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## Exhibit Space Application and Contract

Application Page 2 of 2

### FIRE AND SAFETY REGULATIONS

As an exhibitor, you must comply with safety, fire, and health ordinances that apply to the City of San Francisco, State of California. All displays, exhibit materials, and equipment must be reasonably located and protected by safety guards and fireproofing to prevent fire hazards and accidents. Electrical wiring must conform to all federal, state, and municipal government requirements and to National Electrical Code Safety Rules.

### AUXILIARY AIDS OR SERVICES

In compliance with the Americans with Disabilities Act (ADA), NCCN wishes to ensure that no individual with a disability is excluded, denied services, or otherwise treated differently from other individuals. Each exhibitor shall be responsible for compliance within its exhibit space, including the provision of auxiliary aids and services needed.

### LIABILITY

Each exhibitor assumes the entire responsibility and hereby agrees to protect, defend, indemnify, and save NCCN and Hilton San Francisco Union Square, its owners, its operator, and each of their respective parents, subsidiaries, affiliates, employees, officers, directors, and agents harmless against all claims, losses, or damages to persons or property, governmental charges or fines and attorney’s fees arising out of or caused by its installation, removal, maintenance, occupancy, or use of the exhibition premises or a part thereof.

### INSURANCE

NCCN and the Hilton San Francisco Union Square will not be liable for damage or loss to the exhibitor’s property through theft, fire, accidents, or any other cause. NCCN and Hilton San Francisco Union Square will not assume liability for any injury that may occur to visitors, exhibitors or their agents, employees, or others. Exhibitors shall obtain and keep in force during the term of the installation and use of the exhibit premises, policies of Comprehensive General Liability Insurance, and Contractual Liability Insurance, insuring and specifically referring to the Contractual liability, in an amount not less than \$2,000,000 Combined Single Limit for personal injury and property damage.

NCCN and Hilton San Francisco Union Square shall be included in such policies as additional insureds. In addition, the exhibitor acknowledges that neither NCCN nor the Hilton San Francisco Union Square, its owners, or its operator maintains insurance covering exhibitor’s property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance insuring any losses by the exhibitor.

To register for this conference, please sign below acknowledging on behalf of you and your company that you have received and read the attached terms and accept and agree to be bound by these terms as a condition to the registration.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_

Organization Name \_\_\_\_\_



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## Sponsor Level Application and Contract

### Sponsor Information (please type or print clearly)

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

*(Name of person who will be responsible for your sponsorship and to whom all future correspondence should be sent.)*

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail *(required)* \_\_\_\_\_

Signature required for contract *(type your name here to sign)*: \_\_\_\_\_

*(electronic signature optional)*: \_\_\_\_\_

### Recognition Information

Sponsor 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.)*

### Sponsor Levels

- \$25,000 Bronze Level
- \$40,000 Silver Level
- \$50,000\* Gold Level
- \$75,000\* Platinum Level
- \$100,000\* Presenting Level

**TOTAL: \$** \_\_\_\_\_

### Payment Information

- 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: Accounting Department)
- Credit Card:  American Express  Discover Card  MasterCard  Visa

*\*NCCN will apply an additional fee for credit card charges of \$50,000 or more.*

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_

Signature: \_\_\_\_\_

*(electronic signature optional) NCCN may charge the credit card for the amount as indicated above.*

### > Instructions

- > Apply for sponsorship by completing this form submitting it by **Friday, August 25, 2017**.
- > You will receive a letter confirming receipt of your application and details concerning your benefits.
- > You will be sent proofs of signage, ads, and various graphics promoting your sponsorship.

### > 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



# NCCN 12<sup>th</sup> Annual Congress: Hematologic Malignancies™

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## Exhibitor Showcase Presentation Application and Contract

### Exhibitor Showcase Information (please type or print clearly)

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

*(Name of person who will be responsible for your sponsorship and to whom all future correspondence should be sent.)*

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail *(required)* \_\_\_\_\_

Signature required for contract *(type your name here to sign):* \_\_\_\_\_

*(electronic signature optional):* \_\_\_\_\_

### Presentation Information

Presentation Title for Congress Materials

*(Use upper and lower case letters exactly as you want your title to appear on conference materials and signage.)*

### Exhibitor Showcase Presentations\*

- \$25,000 – Friday Evening
- \$25,000 – Saturday Morning
- \$25,000 – Saturday Afternoon
  
- \$5,000 – Video and Audio recording fee per presentation

**TOTAL: \$** \_\_\_\_\_

### Payment Information

- 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: Accounting Dept.)
- Credit Card:  American Express  Discover Card  MasterCard  Visa

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_

Signature: \_\_\_\_\_

*(electronic signature optional)* \_\_\_\_\_

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

*\* An additional fee will be applied for credit card charges of \$50,000 or more.*

### > Instructions

- > Reserve your presentation by completing this form and submitting it by **Friday, August 25, 2017.**
- > You will receive a letter confirming receipt of your application and details concerning your presentation.
- > You will be sent proofs of signage, ads, and various graphics promoting your presentation.

### > 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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## Patient Advocacy Pavilion Sponsorship Application and Contract

### Patient Advocacy Pavilion Sponsor Information (please type or print clearly)

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

*(Name of person who will be responsible for your sponsorship and to whom all future correspondence should be sent.)*

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail *(required)* \_\_\_\_\_

Signature required for contract *(type your name here to sign):* \_\_\_\_\_

*(electronic signature optional):* \_\_\_\_\_

### Recognition Information

Sponsor 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.)*

### Advocacy Pavilion Sponsorship Levels

- \$5,000 – Topaz
- \$10,000 – Emerald
- \$25,000 – Ruby

TOTAL: \$ \_\_\_\_\_

### Payment Information

- 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: Accounting Dept.)
- Credit Card:  American Express  Discover Card  MasterCard  Visa

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_

Signature: \_\_\_\_\_

*(electronic signature optional)* \_\_\_\_\_

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

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### > Instructions

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## Advertising and Door Drop Insertion Order

### NCCN Exhibition Guide Advertising

Advertising in the *NCCN Exhibition Guide* provides unique exposure to influential oncologists, nurses, pharmacists, and other health care professionals. The *NCCN Exhibition Guide* will be inserted in the congress bag and distributed to all congress attendees. Additional copies are displayed at each entrance to the exhibit area.

### NCCN Door Drops

Invite attendees to visit your exhibit, promote a service, or build brand awareness through the use of a door drop. Have your custom printed piece delivered directly to the rooms of NCCN congress attendees.

### Advertiser Information (please type or print clearly)

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_  
*(Name of person who will be responsible for your sponsorship and to whom all future correspondence should be sent.)*

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail (required) \_\_\_\_\_

### NCCN Exhibition Guide Ads

- \$1,000 Half Page Horizontal Ad Exhibitor
- \$1,500 Half Page Horizontal Ad Non-Exhibitor
- \$1,500 Full Page Exhibitor
- \$2,000 Full Page Non-Exhibitor
- \$5,000 Inside Front Cover
- \$5,000 Inside Back Cover
- \$5,000 Two-Page Full Bleed Center Spread
- \$10,000 Outside Back Cover
- \$10,000 Insert (provided by advertiser)

Total: \$ \_\_\_\_\_

### Payment Information

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: Accounting Dept.)

Credit Card:  American Express  Discover Card  MasterCard  Visa

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_

Signature: \_\_\_\_\_  
*(electronic signature optional)* \_\_\_\_\_

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



Tabloid Size!

- > Insertion order due  
**Friday, August 25, 2017**
- > Artwork due  
**Friday, September 1, 2017**
- > Door drop materials due  
**Friday, September 8, 2017**

### > 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

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## Dates to Remember

<b>Friday, June 2, 2017</b>	Deadline to receive early-bird \$500 discount.	
<b>Friday, August 25, 2017</b>	Deadline to submit exhibit application. Deadline to submit insertion order for ad in <i>NCCN Exhibition Guide</i> .	
<b>Friday, September 1, 2017</b>	Booth numbers assigned and floor plan available. Show services kit available.	
<b>Friday, September 1, 2017</b>	Deadline for submission of Exhibitor Registration Forms.	
<b>Tuesday, September 5, 2017</b>	Deadline for reserving rooms in the NCCN room block at the Hilton San Francisco Union Square.	
<b>Friday, September 8, 2017</b>	Notify Jennifer Tredwell at <a href="mailto:exhibits@nccn.org">exhibits@nccn.org</a> of intent to conduct a booth drawing or other booth activity.	
<b>Friday, October 6, 2017</b>	12:30 – 4:00 PM	Exhibit Set-up
	4:30 – 6:00 PM	Exhibit and Refreshments
<b>Saturday, October 7, 2017</b>	7:00 AM – 3:50 PM	Exhibit
	3:50 – 5:00 PM	Exhibit Dismantle

Please direct questions to Jennifer Tredwell at: [exhibits@nccn.org](mailto:exhibits@nccn.org).



# NCCN 12<sup>th</sup> Annual Congress: Hematologic Malignancies™

October 6 – 7, 2017 | Hilton San Francisco Union Square | 333 O'Farrell Street | San Francisco, California

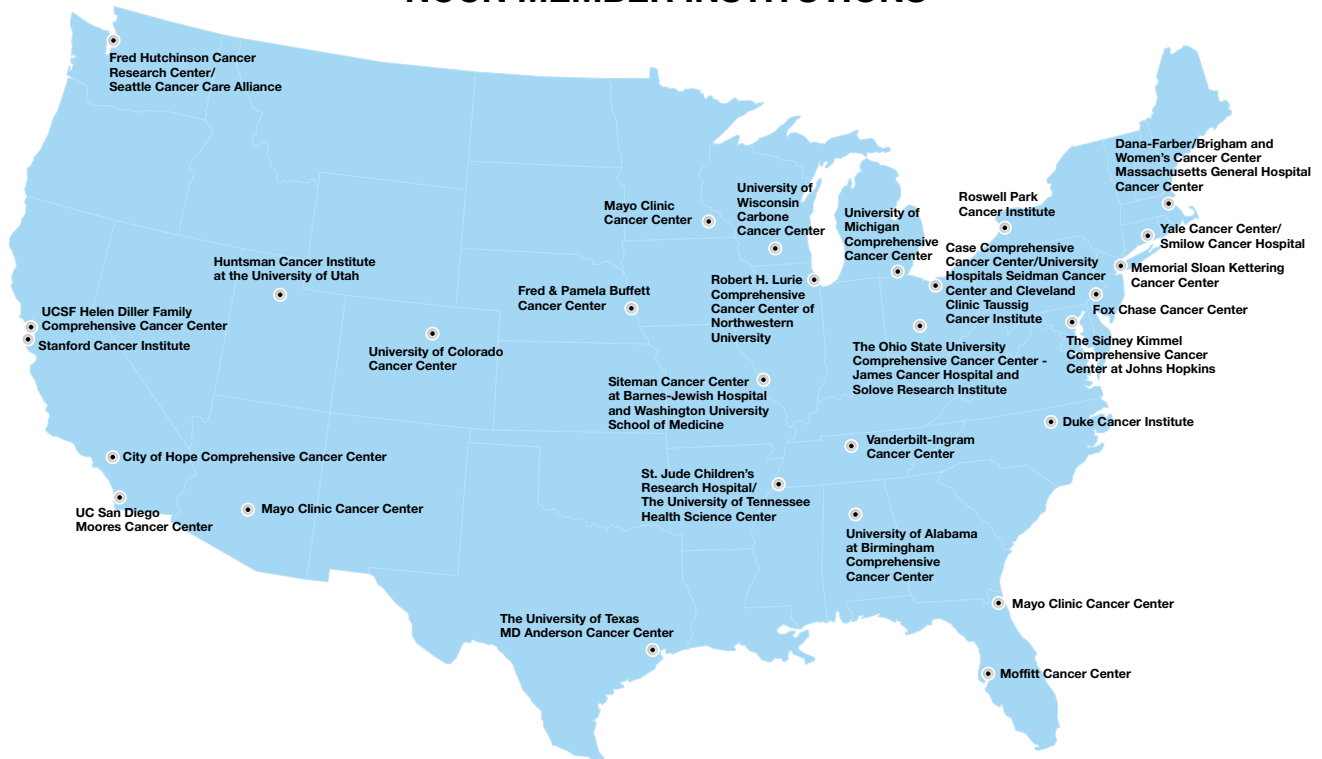
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## NCCN MEMBER INSTITUTIONS



The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 27 of the world's leading cancer centers devoted to patient care, research, and education, is dedicated to improving the quality, effectiveness, and efficiency of cancer care so that patients can live better lives. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. As the arbiter of high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers.

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