Reserve Your Premier Exhibit Space Today!

NCCN 1st Annual Forum:
Innovative Diagnostics & Therapeutics in Cancer Care™
September 4, 2008

NCCN 3rd Annual Congress:
Hematologic Malignancies™
September 5 – 6, 2008

New York Marriott at the Brooklyn Bridge
Brooklyn, New York

Join the National Comprehensive Cancer Network at the NCCN 1st Annual Forum: Innovative Diagnostics & Therapeutics in Cancer Care™ and the NCCN 3rd Annual Congress: Hematologic Malignancies™, where we bring oncology professionals new and updated treatment guidelines as well as news about cancer therapies, and information on emerging new agents. Each exhibitor will receive two complimentary attendee registrations.

Standard Booth Space:
Only a limited amount of tabletop exhibits are offered.

Exhibit Dates:
Thursday, September 4, 2008
Friday, September 5, 2008

Visit www.nccn.org to view more information.
Exhibit Space Application and Contract

NCCN 1st Annual Forum:
Innovative Diagnostics & Therapeutics in Cancer Care™

NCCN 3rd Annual Congress:
Hematologic Malignancies™

EARLY BIRD
DISCOUNT EXPIRES:
Friday, April 18, 2008

DEADLINE TO SUBMIT
APPLICATION:
Friday, July 25, 2008

INSTRUCTIONS
1. Apply for exhibit space by
   completing this form and
   submitting it with payment by
   Friday, July 25, 2008.
2. You will receive a
   confirmation letter and a
   registration packet including
   attendee registration forms.
3. You will receive a Service
   Kit with exhibit details
   four to six weeks before
   the event.

SEND COMPLETED
APPLICATION TO:
Jennifer Tredwell
Advertising Manager
NCCN
275 Commerce Dr., Suite 300
Ft. Washington, PA 19034
Phone – 215.690.0274
Fax – 215.690.0280
tredwell@nccn.org

FOR SUPPORT
OPPORTUNITIES:
Lyn Fitzgerald
Manager, Business Development
NCCN
275 Commerce Dr., Suite 300
Ft. Washington, PA 19034
Phone – 215.690.0226
Fax – 215.690.0280
fitzgerald@nccn.org

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 _________________________________________________________________

Mailing 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.
________________________________________________________________________

Please provide a brief 75-word description of your company/product to be included in the Exhibit Guide,
which will be distributed to all attendees.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PAYMENT INFORMATION

- $9,500 (if reserved by April 18, 2008) - Tabletop only
- $10,000 (if reserved after April 18, 2008 and before July 25, 2008) - Tabletop only

O Check enclosed (Please make checks payable to: National Comprehensive Cancer Network
and mail to: NCCN, 275 Commerce Drive, Suite 300, Ft. Washington, PA 19034, Attn: Janice Tucker)
   O Visa  O MasterCard  O American Express

Cardholder’s Name ______________________________________________________

Billing Address __________________________________________________________
City______________________________________________State/Providence ________Zip/Postal Code __________

Card Number ____________________________________________________________

Card Verification # ________________________Exp. Date _______________________

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

Signature ________________________________________________________________

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)
________________________________________________________________________

For office use only
Date Application received _____________________ Date Exhibit fee received ___________________