

# Exhibit Space Application and Contract

NCCN 1<sup>ST</sup> ANNUAL FORUM:

**Innovative Diagnostics & Therapeutics in Cancer Care™**

NCCN 3<sup>RD</sup> ANNUAL CONGRESS:

**Hematologic Malignancies™**

## 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](mailto:tredwell@nccn.org)

## FOR SUPPORTER 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](mailto: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

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

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)

Visa

MasterCard

American Express

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

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ 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 \_\_\_\_\_

