

# Reserve Exhibit Space

**Deadline  
to reserve your  
exhibit space is  
Monday,  
July 25, 2011**



## Standard Booth Space

Limited amount of tabletop exhibits are offered for this event. Gain direct access to attendees.

## NCCN 6<sup>th</sup> Annual Congress: **Hematologic Malignancies**<sup>TM</sup>

### September 9 – 10, 2011

New York Marriott® Marquis  
1535 Broadway • New York, New York

Join the National Comprehensive Cancer Network® (NCCN®) at the NCCN 6<sup>th</sup> Annual Congress: Hematologic Malignancies<sup>TM</sup> and demonstrate your leadership in cancer care with NCCN through select exhibit hall space. The NCCN Annual Congress: Hematologic Malignancies<sup>TM</sup> attracts more than 700 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. The agenda will address Multiple Myeloma, Lymphomas, Acute Lymphoblastic Leukemia, and Infections in hematologic malignancies.



For more information, contact  
Jennifer Tredwell at 215.690.0274  
or [tredwell@nccn.org](mailto:tredwell@nccn.org).

**Reserve  
Exhibit  
Space By  
May 2, 2011  
and Save  
\$500.**

Visit [NCCN.org](http://NCCN.org) to view more information.

# Exhibit Space Application and Contract

## NCCN 6<sup>th</sup> Annual Congress: **Hematologic Malignancies**<sup>TM</sup> September 9 – 10, 2011

New York Marriott® Marquis • 1535 Broadway • New York, New York

### 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 for registration) \_\_\_\_\_

### 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 6<sup>th</sup> Annual Congress Exhibit Guide, which will be distributed to all Congress attendees.

### Payment Information

#### NCCN 6<sup>th</sup> Annual Congress: Hematologic Malignancies<sup>TM</sup>

- \$10,000 (\$9,500 if reserved by May 2, 2011) – Tabletop only
- \$5,000 Inside front cover, 4-color, full page Ad in the NCCN 6<sup>th</sup> Annual Congress: Hematologic Malignancies<sup>TM</sup> Exhibit Guide
- \$5,000 Inside back cover, 4-color, full page Ad in the NCCN 6<sup>th</sup> Annual Congress: Hematologic Malignancies<sup>TM</sup> Exhibit Guide
- \$5,000 Center Spread, 2 full page, 4-color Ads in the NCCN 6<sup>th</sup> Annual Congress: Hematologic Malignancies<sup>TM</sup> Exhibit Guide
- \$1,500 Run-of-book, full page, 4-color Ad in the NCCN 6<sup>th</sup> Annual Congress: Hematologic Malignancies<sup>TM</sup> Exhibit 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: Janice Tucker)
- Credit Card (Visa/MasterCard/American Express)

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: \_\_\_\_\_

### Instructions

1. Apply for exhibit space by completing this form and submitting it by **Monday, July 25, 2011**.
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  
Director, Marketing  
NCCN  
275 Commerce Dr.  
Suite 300  
Fort Washington, PA 19034  
Phone – 215.690.0274  
Fax – 215.690.0280  
[tredwell@nccn.org](mailto:tredwell@nccn.org)

### For Support Opportunities:

C. Lyn Fitzgerald  
Vice President, U.S. & Global Development  
NCCN  
275 Commerce Dr.  
Suite 300  
Fort Washington, PA 19034  
Phone – 215.690.0226  
Fax – 215.690.0280  
[fitzgerald@nccn.org](mailto:fitzgerald@nccn.org)

**For Patients: NCCN.com**

**For Clinicians: NCCN.org**