

Exhibit Space Application and Contract

NCCN 9th Annual Congress: **Hematologic Malignancies™**

September 19 – 20, 2014

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: _____

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 9th Annual Congress
Exhibition Guide. _____

Payment Information

NCCN 9th Annual Congress: Hematologic Malignancies™

- \$10,000 (\$9,500 if reserved by Friday, May 9, 2014) – 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: Janice Tucker)
- 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

1. Apply for exhibit space by completing this form and indicating your method of payment by *Friday, August 1, 2014*.
2. You will receive a confirmation letter and a registration packet including attendee registration forms.
3. 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
Director Marketing
NCCN
275 Commerce Drive
Fort Washington, PA 19034
Phone: 215.690.0274
Fax: 215.690.0280
tredwell@nccn.org

FOR SUPPORT OPPORTUNITIES:

Marisa Getzewich
Manager,
Business Development
NCCN
275 Commerce Drive
Fort Washington, PA 19034
Phone: 215.690.0563
Fax: 215.690.0280
getzewich@nccn.org

For Clinicians –
NCCN.org

For Patients –
NCCN.org/patients

SPONSOR LEVELS

NCCN is pleased to invite organizations to be sponsors of the NCCN 9th 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 9th Annual Congress: Hematologic Malignancies™

	BRONZE \$25,000	SILVER \$40,000	GOLD \$50,000	PLATINUM \$75,000	PRESENTING \$100,000
Support Level Recognition Sign Next to Exhibit					▪
Custom Door Drop				▪	▪
Coffee Break Sponsor			▪	▪	▪
Complimentary Annual Congress Registrations	2	4	6	8	10
Printing Station Sponsor (company name on display)	▪	▪	▪	▪	▪
Custom Ad in <i>NCCN Exhibition Guide</i>	1/2 Page	1/2 Page	Full Page	Full Page	3 Full Pages
Sponsor Listing in the <i>NCCN Exhibition Guide</i>	▪	▪	▪	▪	▪
Recognition Signage in Exhibition Hall(s)	▪	▪	▪	▪	▪
Sponsor Level Recognition Ribbon on Sponsor Attendee Badges	▪	▪	▪	▪	▪
Sponsor Recognition on NCCN.org Annual Congress Website	▪	▪	▪	▪	▪

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