



Association of Pediatric  
Hematology/Oncology Nurses

### Industry Relations Council Application

APHON **Industry Relations Council (IRC)** is available to organizations that support the goals and mission of APHON and provide products or services used in the area of pediatric hematology/oncology. Participation is on an annual basis.

APHON Industry Relations Council is available at these levels:

Associate Level \$3,500

Premier Level \$15,000

Organization: \_\_\_\_\_

Designated representative: \_\_\_\_\_

Title: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website address (URL): \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Description:** Along with application and payment, please e-mail a 50 word description of your organization and a corporate logo (.PDF and .EPS version) to be used in APHON's publications, signage at the Annual Conference & Exhibit, and on APHON Industry Relations webpage to [tberkowitz@aphon.org](mailto:tberkowitz@aphon.org)

Email/Fax or Mail application and payment to:

**Terri Berkowitz**

**APHON, Manager, Professional Relations**

**847-375-4763 | Fax 888-374-7259 | [www.APHON.org](http://www.APHON.org)**

**8735 W. Higgins Road, Suite 300, Chicago, IL 60631**

**Payment (in U.S. funds only):** Checks should be made payable to:  
**Association of Pediatric Hematology/Oncology Nurses (APHON).**

Check # (made payable to APHON): \_\_\_\_\_

Or select which type of credit card you are paying with:

MasterCard

Visa

Discover

American Express

Account number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*For credit card payments over \$5,000, please add a 3% service fee.*

Name (as it appears on credit card): \_\_\_\_\_

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