



2017 Corporate Showcase 41st Annual Conference & Exhibit Palm Springs, CA

The Association of Pediatric Hematology/Oncology Nurses (APHON) is pleased to offer your organization a prime opportunity to showcase its products and services by conducting a seminar or product demonstration during exclusive exhibit hours.

The 30-minute sessions will be offered during the APHON Conference & Exhibit on Thursday, August 17, 2017 and Friday, August 18, 2017. Space is limited and applications will be accepted on a first-come, first-served basis. The fee is \$5,000 and showcases will be held at a specified time during exclusive exhibit hours. Participating companies will be provided a pre-conference attendee list to promote this session.

Corporate Showcase space is limited and topics must be approved by APHON. The session will take place in a draped section in the exhibit hall and will be set to accommodate up to 50 attendees. Space is only available to those that have purchased an exhibit booth.

Note: Your showcase will be set up in theater style for 50 attendees and will include an LCD projector/screen, podium, and microphone. Presenting companies are responsible for any special-need charges (e.g., catering, additional audiovisual equipment, Internet).

To participate in the APHON Corporate Showcase, please complete this form and send or fax it back to APHON. An invoice will be sent once this form is received.

Session name and description (50 words or less): The session name provided here will be used for publications/signage, etc. Please be specific

Please indicate your preferred time:

| | | |
|----------------------------|--------------|-------|
| Thursday, August 17 | 6:15-6:45 pm | _____ |
| | 7:15-7:45 pm | _____ |
| Friday, August 18 | 7:30-8:00 am | _____ |
| | 1:45-2:15 pm | SOLD |
| | 4:00-4:30 pm | _____ |

COMPANY INFO

Organization: _____ Contact: _____
 E-Mail: _____ Phone: _____
 Address: _____
 City, State, Zip: _____
 Signature: _____ Date: _____

PAYMENT METHOD

Fee: \$5,000
 MasterCard _____ Visa _____ Discover _____ Check # (made payable to APHON): _____
 American Express _____
 Account number: _____ Expiration date: _____
 Name (as it appears on credit card): _____
 Authorized signature: _____

For more information, Contact: Terri Berkowitz, 847.375.4763, tberkowitz@aphon.org