

Non-CNE Symposium Request Form

Request Forms are due by January 12, 2018 to be included in the attendee registration brochure and July 2, 2018 for the conference guide. Requests made after this date will not have a guaranteed spot in APHON publications.

Supporting Organization Name: _____

Title of Program: _____

For use in APHON meeting materials -*please submit a company logo and a 50-word description of the program electronically to tberkowitz@aphon.org with application.*

Contact information:

Contact Person _____

Title _____

Company Name _____

Address _____

City, State _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____ E-mail Address _____

Date received: _____ (Topic will be reviewed within 10 business days of receipt)

Preferred Symposium slot:

_____ Breakfast Symposia, Thursday, September 13, 2018 – 6:45-8 am

_____ Lunch Symposia – Thursday, September 13, 2018 – 12-1:15pm

_____ Lunch Symposia – Saturday, September 15, 2018 – 12:45-2pm

Return this form to:

Terri Berkowitz, APHON Manager, Professional Relations
Association of Pediatric Hematology/Oncology Nurses
8735 W. Higgins Road, Suite 300, Chicago, IL 60631

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