



# The Art & Science of Pediatric Palliative Care

April 13-14, 2018

Hyatt Rosemont - Rosemont, IL

## Exhibit Opportunities:

**Limited Exhibit Space Available!**

**Exhibit Fees:** \$1,000  
Includes table top exhibit space, (6' table, 2 chairs, wastebasket, company sign, list of program attendees (name/facility only)

## Support this Workshop:

Choose a level and an opportunity to support and receive a table top exhibit, logo listing on APHON website with link to your website, and logo recognition as Bronze, Silver or Gold Level on onsite signage.

**Bronze Level** \$2,500

Show Bag (includes one-8-1/2x11 insert)\*

**Silver Level\*** \$5,000

Coffee Break (Friday)

Coffee Break (Saturday)

**Gold Level\*** \$10,000

Lunch (Friday)

Lunch (Saturday)

\*Silver Level support includes complimentary 1-month banner in APHON monthly Enews or half page ad in APHON Counts; Gold Level Support includes 2-month banner in APHON monthly Enews or Full Page ad in APHON Counts.

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

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

**City/State/Zip:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Payment:** \$ \_\_\_\_\_

**Check #** \_\_\_\_\_ (payable to Association of Pediatric Hematology/Oncology Nurses)

**Credit Card:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**No cancellations after February 1, 2018**

FOR APHON USE ONLY
Booth # assigned: _____
Total cost: _____
Amount paid: _____
Accepted by APHON: _____

**Contact: APHON, Terri Berkowitz**

P.O. Box 3781

Oak Brook, IL 60522

[tberkowitz@aphon.org](mailto:tberkowitz@aphon.org)

Phone: 847.375.4763

Fax: 888.374.7259