



# 2020 Corporate Showcase 44th Annual Conference & Exhibit New York, NY

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, September 3, 2020 and Friday, September 4, 2020. 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:**

<b>Thursday, September 3</b>	5:15-5:45 pm	_____
	6:15-6:45 pm	_____
<b>Friday, September 4</b>	8:30-9 am	_____
	2:05-2:35 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: Allison Whitley, 847.375.3673, [awhitley@aphon.org](mailto:awhitley@aphon.org)**