



44th Annual Conference & Exhibit
September 3-5, 2020
New York Hilton Midtown
New York, NY

Non-CNE Symposium Request Form

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 awhitley@aahpm.org with application. This will be published on APHON website.*

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:

_____ Lunch Symposia, Thursday, September 3, 2020 – 12-1:15pm **(SLOT ON HOLD)**

_____ Dinner Symposia – Thursday, September 3, 2020 – 7- 8:15pm

_____ Breakfast Symposia – Saturday, September 5, 2020 – 7:30-8:45am

_____ Lunch Symposia – Saturday, September 5, 2020 – 12:45-2pm **(SLOT ON HOLD)**

Return this form to:

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

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