



Chinese American Hematologist and Oncologist Network  
美华血液与肿瘤专家协会

2019 Summer Semi-Annual Symposium  
June 1, 2019, Chicago Illinois

EXHIBITOR and/or POSTER APPLICATION AND AGREEMENT

Event: CAHON Semi-Annual Symposium

Location: The Metropolitan in Willis Tower

Program Date: June 1, 2019

Date of Agreement: \_\_\_\_\_

Exhibitor, \$1,000

Poster, \$500

- 6' skirted table top exhibit and 2 chairs
- 2 complimentary event registration and 2 meal tickets  
Additional event registrations can be purchased
- Exhibitor name and description included in exhibitor listing
- Exhibitor name and description included on event

- 1 complimentary event registration and meal ticket

**Exhibitor Information**

Organization Name (how it should appear in the program): \_\_\_\_\_

Exhibit Contact Name: Prefix: \_\_\_\_\_ (First, MI, Last): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Institution/Company: \_\_\_\_\_

Position Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Exhibit Staff**

**Staff #1**

Name to appear on badge: \_\_\_\_\_ Email: \_\_\_\_\_

Designation(s):  MD  PhD  MD,PhD  Other \_\_\_\_\_

Dietary restriction(s): \_\_\_\_\_

If you have a disability and require accommodation in order to fully participate in this activity, please check here. You will be contacted by someone from our staff to discuss your specific needs.

**Staff #1**

Name to appear on badge: \_\_\_\_\_ Email: \_\_\_\_\_

Designation(s):  MD  PhD  MD/PhD  Other \_\_\_\_\_

Dietary restriction(s): \_\_\_\_\_

If you have a disability and require accommodation in order to fully participate in this activity, please check here. You will be contacted by someone from our staff to discuss your specific needs.

### **Exhibit and Poster Policies**

CAHON is committed to presenting educational activities that promote improvements of quality in healthcare and are independent of the control of commercial interests. Exhibit or poster fees are not considered an educational grant. As you have agreed to participate in an educational activity as an exhibitor or poster presenter, we request that you agree to certain criteria which include:

All sales activity should be conducted outside the educational activity. Any promotional material must remain at your exhibit and not displayed in any educational space.

CAHON does not make names and contact information of attendees available to exhibitors or poster presenters. We suggest you collect business cards or have a sign-up sheet available.

The exhibitor or poster presenter assumes the entire responsibility and liability for losses, damages, and claims arising out of injury or damage to the exhibitor's displays, equipment, and other property brought upon the premises of the exhibit facility and shall indemnify and hold harmless CAHON, the meeting venue, service providers and each of their employees and agents from any and all such losses, damages, and claims.

### **Exhibit and Poster Space Assignments**

Exhibit and Poster placement will be assigned on a first-come, first-served basis based on the date/time the application is received. CAHON reserves the right to adjust assigned exhibit placement at any time.

### **Logistics**

Benefits of the exhibitor and/or poster package selected are included in form above. Please let us know if you have any additional needs to accommodate your display (possibly at an additional cost depending on request). You will receive an e-mail approximately 1-2 weeks before the activity with more detailed information including set up/tear down times, exhibit hours, and additional exhibitor guidelines.

### **Payment**

To reserve your space at this program, payment must be received within 2 weeks of the date the form is submitted.

Check  (Payable to CAHON) Please send payment to: CAHON, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202

Credit Card:  AMEX  Discover  Master Card  Visa

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Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Application and Agreement Form**

This Exhibitor and/or Poster Application and Agreement may be returned via postal mail (address below) or faxed to +1 (414) 276-3349.

***We appreciate your interest in our event. Thank you for your support!***

### **Questions**

Please direct questions pertaining to exhibits or posters to Anna Douangphachanh, CMP, CAHON Meetings Manager, at + 414-918-9890 or by email at [adouan@cahon.org](mailto:adouan@cahon.org).