



Chinese American Hematologist and Oncologist Network
美国华裔血液与肿瘤专家学会

Dear Colleague,

We would like to invite your organization to consider **supporting CAHON's 2025 New York Oncology Forum (NYOF)** as a sponsor or exhibitor. The NYOF will take place in-person on Saturday, October 4 from 8:00 a.m. – 4:00 p.m. ET and Sunday, October 5 from 8:00 a.m. – 1:00 p.m. ET.

The target audiences are clinicians, nurses, pharmacists, medical students, clinical fellows as well as laboratory and health care related scientists working in hematology and oncology. This is a non-CME educational program. Approximately 100 attendees are expected to participate in this year's NYOF along with about 80 practicing oncologists. Attached please find the preliminary program and a sponsorship package for your consideration.

Sponsors will have the opportunity to be recognized in promotional materials such as the printed program, event signage, rotating slides, and on the CAHON event website. Additionally, sponsoring companies will receive a complimentary display table and complimentary registration(s). An exhibition area will be set up away from the plenary sessions for pharmaceutical companies, technology companies, and commercial laboratories to showcase their products and services.

The purpose of this event is to:

- Offer expert perspectives and practical insights on current hematology and oncology advancements in various disease states such as mantle cell lymphoma, multiple myeloma, acute leukemia, lung cancer, breast cancer, genitourinary cancers, and pancreatic and biliary cancers.
- Provide recommendations and guidance on clinical training and career paths.
- Foster collaboration and provide a forum for interaction and collaboration between practicing hematologists and oncologists working in the field.

CAHON is a 501(c)(3) not-for-profit organization (Tax ID: 20-3662275) founded by Chinese American Hematologists and Oncologists in 2005. The primary mission of CAHON is to foster communications amongst Chinese American medical professionals for the delivery of high-quality health care to patients with neoplastic and hematological diseases, and to promote medical information exchange between the United States and China in the field of hematology and oncology.

Thank you for your consideration.

Best Wishes,

DeLong Liu, MD, PhD
Professor of Medicine, New York Medical College
Editor-in-Chief, Journal of Hematology & Oncology

Yiwu Huang, MD, PhD
Associate Professor of Medicine
Maimonides Medical Center



**New York
Oncology Forum**

**Chinese American Hematologist and Oncologist Network
美国华裔血液与肿瘤专家学会**

12th Annual New York Oncology Forum (NYOF)

Saturday, October 4, 2025, 8:00 am – 4:00 pm

Sunday, October 5, 2025, 8:30 am – 1:00 pm

Sheraton LaGuardia East Hotel, Flushing, NY

Saturday, October 5, 2024

- 7:30 - 9:00 am** **On-site Registration, Exhibitors Visitation**
- 8:00 – 9:00 am** **Breakfast Promotional Talk – Sponsored by Eli Lilly**
- 9:00 – 10:40 am** **Plenary Session I – Part I**
Session Chairs: Liang Deng, MD, PhD - *CAHON President, Memorial Sloan Kettering Cancer Center*
Jing-Zhou Hou, MD, PhD - *CAHON Board Chair, University of Pittsburgh Medical Center*
- 9:00 – 9:05 am** **Welcome Remarks**
Delong Liu, MD, PhD - *New York Medical College*
- 9:05 – 9:15 am** **Introduction of Lifetime Achievement Award recipient**
Jing-Zhou Hou, MD, PhD - *CAHON Board Chair, University of Pittsburgh Medical Center*
- 9:15 – 9:40 am** **Lifetime Achievement Award Lecture**
- 9:40 -10:20 am** **Keynote Lecture- Cancer Vaccines/Immunotherapy**
- 10:20 – 10:40 am** **Break and Visit Exhibitors**
- 10:40 am – 12:00 pm** **Plenary Session I – Part II**
- 12:00 – 1:00 pm** **Lunch Promotional Talk – Sponsored by Exelixis**
- 1:00 – 1:20 pm** **Break and Visit Exhibitors**
- 1:20 – 2:40 pm** **Plenary Session II**
- 2:40 – 3:00 pm** **Break and Visit Exhibitors**
- 3:00- 3:40 pm** **Plenary Session III**
- 3:40 – 4:00 pm** **Conclude Break and Visit Exhibitors**
- 6:30 – 10:00 pm** **Members Only 20th Anniversary Celebration in the Phoenix Ballroom at The Sheraton**

Sunday, October 6, 2024

- 8:00 - 9:30 am** **On-site Registration, Exhibitors Visitation**
- 8:30 – 9:30 am** **Breakfast Promotional Talk – Sponsored by Agios**
- 9:30 – 10:00 am** **Travel Grant Awardee Introduction**
- 10:00 – 10:20 am** **Break and Visit Exhibitors**
- 10:20 am – 12:00 pm** **Plenary Session IV**
- 12:00 – 1:00 pm** **Lunch Promotional Talk – Sponsored by Novartis**
- 1:00 pm** **Closing Remarks**
Yiwu Huang, MD, PhD - *Maimonides Medical Center*

Organizing Committee

Delong Liu, MD, PhD – *NYOF Chair, Editor-in-Chief, Journal of Hematology & Oncology, New York Medical College*
Yiwu Huang, MD, PhD – *NYOF Co-chair, Maimonides Medical Center*

CAHON 2025 NYOF

Sponsorship & Exhibit Opportunities

October 4-5, 2025

Sheraton LaGuardia East Hotel, Flushing, New York

Sponsorship Packages	Diamond \$35,000	Platinum \$30,000	Gold \$25,000	Silver \$20,000	Bronze \$15,000
Recognition as an Industry Supporter on the CAHON website	12 months	9 months	6 months	3 months	1 month
Recognition in event promotional materials: event web page, printed program, rotating slides and event signage	Most Prominent Logo & Description	Prominent Logo & Description	Large-Sized Logo & Description	Medium-Sized Logo & Description	Small-Sized Logo & Description
Complimentary Registrations	5	4	3	2	1
Company Introduction during Event Break (2 minutes)	•	•	N/A	N/A	N/A
Logo Included in Event Communications	•	•	•	•	•
Complimentary Display Table, incl. 2 staff	•	•	•	•	•
Advertisement in Event Program	Full Page	Full Page	Half Page	Half Page	Fourth Page

Exhibit Display Table, \$3,000

- 6' skirted tabletop exhibit, 2 chairs
- 2 complimentary event registrations. Additional event registrations can be purchased
- Exhibitor logo included in enhanced exhibitor listing in the event program
- Exhibitor name included on event website

CAHON Contact Information

For all sponsorship and exhibit questions, contracts, and payment, please contact:

CAHON Meetings & Education Manager

Annie McSherry

Phone: (414) 231-8236

amcsherry@cahon.org



Sponsor and Exhibitor Agreement

Exhibitor Staff

Please send exhibit staff information to Annie McSherry at amcsherry@cahon.org by September 1, 2025. Exhibit staff information includes full name, designations, email address, and dietary restrictions.

Exhibit Assignments

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

Cancellation Policy

Cancellations received in writing by September 1, 2025 will be refunded, minus a \$75.00 administrative fee. Cancellations after this date will not receive a refund unless the booth space is resold in the case of exhibitors. If for any cause beyond the control of CAHON – such as, but not limited to, an act of God, the public enemy, authority of the law, fire, public health emergencies, or other force majeure—CAHON is unable to comply with the terms of this contract, this contract shall be considered terminated and any payments made hereunder by the supporter shall be refunded to the supporter in full. The supporter also reserves the right to carryover their support to CAHON's 2025 New York Oncology Forum.

Exhibitor Agreement Terms and Conditions

You are hereby authorized to reserve space for the company indicated to exhibit at the New York Oncology Forum to be held October 4-5, 2025, at the Sheraton LaGuardia East Hotel in Flushing, New York. We understand that the assigned space will be rented at the rate quoted in the New York Oncology Forum Opportunities guide. We understand further that all space must be paid for in full on or before September 1, 2025. If the assigned space is not paid for in full by the specified date, the space may be reassigned to another exhibitor at the discretion of the CAHON Executive Director. We agree to abide by all rules and regulations governing exhibitors set forth in the New York Oncology Forum Opportunities guide, which is made part of this contract by reference and fully incorporated herein.

Hold Harmless Clause: The exhibitor 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 the Chinese American Hematologist and Oncologist Network, the Sheraton LaGuardia East Hotel, and each of their employees and agents from any and all such losses, damages and claims. In addition, the exhibitor acknowledges that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor.

Exhibitor shall be fully responsible to pay for any and all damages to property owned by the Sheraton LaGuardia East Hotel, its owners or managers which result from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify and hold harmless, the Sheraton LaGuardia East Hotel, its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor's use of the property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from, out of, or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of the Exhibitor's occupancy and use of the exhibition premises, the Sheraton LaGuardia East Hotel or any part thereof.

Promotional Activities: Advertisements and promotional materials may not be displayed or distributed in the educational space immediately before, during, or after a Continuing Education activity. No product advertisements will be permitted in the same room as the educational activity. Exhibitor staff may attend an educational activity but may not engage in sales activities while in the room where the activity takes place.

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



Sponsor and Exhibitor Agreement

Gratuities: CAHON prohibits the SOLICITATION OR ACCEPTANCE of tips in cash, product or gifts in kind by any employee (union or non-union). Our employees are paid appropriate wages denoting professional status, therefore tipping of any kind is not allowed.

Event Discrimination and Harassment

The Chinese American Hematologist and Oncologist Network (CAHON) is committed to providing a discrimination-, harassment-, and retaliation-free environment for all participants in society events. CAHON prohibits discrimination or harassment based on actual or perceived gender, gender identity, gender expression, sexual orientation, body size, disability, race, ethnicity, socioeconomic status, age, religion (or lack thereof), marital or parental status, or any other status protected by law (“protected status”). CAHON has zero tolerance for any form of harassment, discrimination, or retaliation at network meetings and events. This policy applies to all CAHON events, including those sponsored by other organizations held in conjunction with a CAHON event. All participants, including, but not limited to, attendees, speakers, volunteers, exhibitors, staff (including venue staff), contractors, vendors and other service providers, and anyone else present at CAHON meetings or events, are expected to abide by this policy.

Unacceptable Behavior

Discrimination consists of material, adverse treatment based on a person’s protected status. Conduct can amount to prohibited discrimination even when a person does not specifically intend to harm someone else.

Harassment consists of unwelcome conduct of a demeaning, abusive, and/or offensive nature that either (1) constitutes a term or condition of a person’s participation in society events (quid pro quo harassment); or (2) substantially interferes with a person’s participation in society events or otherwise creates what a reasonable person would consider to be a hostile environment. Examples of harassment include, but are not limited to, physical or verbal abuse of any participant, stalking or threatening any participant, harassing photography or recording of any participant, the use of slurs and epithets, display of disparaging material, display of sexual imagery, inappropriate or unwelcome physical contact, and nonconsensual sexual advances.

Retaliation consists of material, adverse action taken against someone because the person reported discrimination or harassment (either on behalf of themselves or another) or because the person participated in the investigation and resolution of a report. Retaliation can occur even if the underlying report of discrimination or harassment is unsubstantiated.

Participants who are asked to stop discriminatory or harassing behavior are expected to comply immediately. Upon receipt of a report of prohibited conduct, CAHON retains the right to take any steps deemed necessary and appropriate, including immediate removal from the event without warning or refund, to end the conduct and maintain a safe and welcoming environment for participants. Further, CAHON reserves the right to prohibit anyone who violates this policy from attending any future CAHON meeting or event. Misconduct can also result in the revocation of CAHON membership, including fellow status.

Reporting Unacceptable Behavior

Any person subjected or witness to discrimination or harassment is encouraged to report such conduct to CAHON management as soon as possible and may be asked to file a written report. CAHON staff are available for consultation with any meeting or event participant or attendee who believes they have experienced any form of harassment while at any CAHON meeting or event. Reports should include identification of the offender (or description); behaviors or actions by that person; circumstances around the incident; day, time, and session; and others present. All written reports will be kept confidential.

Upon receipt of a report, CAHON will review the available information, which may include speaking with the persons involved, and determine whether a policy violation has occurred. To the extent any person experiences or witnesses conduct that is criminal in nature, CAHON strongly encourages the person to also make a report to law enforcement.



2025 NYOF—Sponsor/Exhibitor Application & Agreement

Organization Information

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

(First, MI, Last): _____ Email: _____

Institution/Company: _____ Position Title: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Sponsor Opportunities

Bronze: \$15,000

- Recognition as Industry Supporter on CAHON website for 1 month; small sized logo & description; logo included in event communications; quarter page advertisement; 1 complimentary registration; complimentary display table.

Silver: \$20,000

- Recognition as Industry Supporter on CAHON website for 3 months; medium sized logo & description; logo included in event communications; half page advertisement; 2 complimentary registrations; complimentary display table.

Gold: \$25,000

- Recognition as Industry Supporter on CAHON website for 6 months; large sized logo & description; logo included in event communications; half page advertisement; 3 complimentary registrations; complimentary display table

Platinum: \$30,000

- Recognition as Industry Supporter on CAHON website for 9 months; prominent sized logo & description; logo included in event communications; full page advertisement; 4 complimentary registrations; complimentary display table; 2 minute company introduction.

Diamond: \$35,000

- Recognition as Industry Supporter on CAHON website for 12 months; most prominent sized logo & description; logo included in event communications; full advertisement; 5 complimentary registrations; complimentary display table; 2 minute company introduction.

Exhibit Opportunities

Exhibit Display Table: \$3,000

- 6' skirted table top with 2 chairs; Small-sized logo; recognition as an exhibitor on the CAHON event website and logo included in printed program; 2 complimentary registrations.

Exhibit Display COI

Please list all competitive hematology/oncology-based pharmaceutical companies that you would prefer not to be placed next to.

Agreement

To accept the terms of the sponsor agreement, please sign your signature and date below:

Signature

Date

Print a copy of this sponsor application and agreement for your records. **This is your contract.**



Sponsor/Exhibitor Application—CONTINUED

Payment Information

Full payment and completed application are due by **September 1, 2025**. Please retain a copy for your records.

TOTAL PAYMENT: \$ _____

Payment Options

Check enclosed Wire Transfer

Please make checks payable to the Chinese American Hematologist and Oncologist Network

Visa Mastercard Discover AMEX

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Billing address same as organization address

Billing Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

CAHON Contact Information

For all sponsorship and exhibit questions, contracts, and payment:

CAHON Development Manager

Annie McSherry

Phone: (414) 231-8236

amcsherry@cahon.org

CAHON Executive Office

555 East Wells Street, Suite 1100

Milwaukee, WI 53202

Phone: (414) 918-9890

Fax: (414) 276-3349

Email: info@cahon.org

Website: www.cahon.org

CAHON is a 501(c)(3) not-for-profit organization

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Chinese American Hematologist and Oncologist Network

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.
 Individual/sole proprietor C corporation S corporation Partnership Trust/estate
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
 Other (see instructions) **501 (c)(3) tax exempt corp**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

5 Address (number, street, and apt. or suite no.). See instructions.
555 E Wells Street, Suite 1100

6 City, state, and ZIP code
Milwaukee, WI 53202

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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or

Employer identification number

2	0	-	3	6	6	2	2	7	5
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person *Nickola Vekovic* Date **1-15-2025**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they