



# Annual **2025** Conference

March 28–30

## In-person & Virtual Formats

### ● CONFERENCE DATES

Friday, March 28—  
Sunday, March 30, 2025  
Caribe Royale Orlando, Orlando, FL

### ● IN-PERSON EXHIBIT HALL DATES

Friday, March 28—  
Saturday, March 29, 2025

### ● APPLICATION DEADLINE

Friday, January 31, 2025

### ● INFORMATION

[exhibits@nccn.org](mailto:exhibits@nccn.org)

### ● APPLICATION FORMS INCLUDED:

- Commercial Sponsorships
- Exhibit Space
- Wellness Sponsorships
- Reimbursement Resource Room Participation
- Advocacy Pavilion Sponsorship
- Product Theater Presentations
- Advertising and Door Drop Insertion Order

# Sponsor & Exhibitor Prospectus



[NCCN.org/conference](https://www.nccn.org/conference)



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March 28-29, 2025

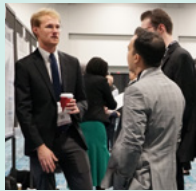
**AGENDA**

For the most up-to-date version of the Conference agenda, please visit:

[NCCN.org/conference](http://NCCN.org/conference).

**General  
 Poster  
 Sessions**

NCCN will host general poster sessions on Friday, March 28 and Saturday, March 29.



**Attendee Registration List**

NCCN does not rent or share the registration or attendee lists.

# Sponsor & Exhibitor Prospectus

The NCCN 2025 Annual Conference and related activities will be held as “hybrid” events on March 28 – 30, 2025 to include live (in-person) sessions and a virtual option. The live sessions will be held at the Caribe Royale Orlando, Orlando, FL and simultaneously, a virtual platform will be provided where certain activities/sessions will be offered for remote attendance.

The NCCN 2025 Annual Conference is projected to attract more than 1,450 (950 in-person and 500 virtual) attendees from across the United States and the globe including oncologists (in both community and academic settings), oncology fellows, nurses, pharmacists, patient advocates, and other health care professionals involved in the care of people with cancer.

The Conference features three days of educational sessions where respected opinion leaders from NCCN Member Institutions present the latest cancer therapies and provide updates on selected NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), the data upon which the NCCN Guidelines® are based, and quality initiatives in oncology. Topics change annually but focus on the major cancers and supportive care areas. The NCCN Annual Conference also includes case study discussion forums with experts from NCCN Member Institutions and roundtable discussions featuring the foremost professionals from the academic, patient advocacy, government, payer, industry, and business realms of cancer care.

**Live and Virtual Exhibit Booths**

NCCN is dedicated to offering exhibit placements that provide value to our sponsors as well as an added digital feature for our Conference attendees. For these reasons, all exhibits will be both in-person and virtual. With the purchase of the physical booth space, a virtual exhibit will be included. Once the exhibit application is received, information regarding the virtual exhibit will be provided.

**Past NCCN Annual Conference Exhibitors**

Acrotech Biopharma, Inc.	InformedDNA	Oxford BioDynamics
Astellas	Jazz Pharmaceuticals	Pfizer Oncology
AstraZeneca	Johnson & Johnson	PharmaEssentia
BeiGene	Karyopharm Therapeutics, Inc.	PreciseDX
CVS Specialty	Kite, A Gilead Company	Regeneron
Daiichi Sankyo, Inc.	LeanTaaS	Roswell Park Comprehensive Cancer Center*
ECG Management Consultants	Mayo Clinic*	Servier Pharmaceuticals
Eisai	Merck & Co., Inc.	SkinCure Oncology
Eli Lilly and Company	Moffitt Cancer Center*	Stemline, a Menarini Group Company
EMD Serono	Novartis Pharmaceuticals Corporation	Sun Pharma
Fennec Pharmaceuticals	ONCOassist	Taiho Oncology
Foundation Medicine	Oncology Nutrition - Registered Dietitians / Nutritionist	<i>* NCCN Member Institution</i>
Genmab	OneOme	
Geron		
Incyte		

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**SPONSOR TIER  
 STRUCTURE**

Bronze \$25,000

Silver \$50,000

Gold \$75,000

Platinum \$100,000

# Sponsor & Exhibitor Prospectus

## Commercial Sponsor Levels

NCCN is pleased to invite organizations to be commercial sponsors of the NCCN 2025 Annual Conference. Sponsor levels are Platinum, Gold, Silver, and Bronze. Reach your key audience of NCCN attendees by increasing visibility and supporting NCCN through these opportunities.

Sponsor Tier Structure	Bronze \$25,000	Silver \$50,000	Gold \$75,000	Platinum \$100,000
<ul style="list-style-type: none"> <li>• <b>Recognition listing on <a href="https://www.nccn.org/conference">NCCN.org/conference</a> home page with link to sponsor-provided website.</b></li> <li>• <b>Recognition listing with link to sponsor-provided website under Sponsor tab on virtual meeting platform that will host the Conference.</b></li> <li>• <b>Complimentary Registrations for the NCCN 2025 Annual Conference</b> <ul style="list-style-type: none"> <li>- Bronze: 2</li> <li>- Silver: 4</li> <li>- Gold: 6</li> <li>- Platinum: 8</li> </ul> </li> <li>• <b>Complimentary Custom Ad in NCCN Exhibit Guide in both print and digital formats:</b> <ul style="list-style-type: none"> <li>- Bronze: 1 page</li> <li>- Silver: 2 pages</li> <li>- Gold: 3 pages</li> <li>- Platinum: 4 pages</li> </ul> </li> <li>• <b>Recognition listings included on NCCN eBulletin newsletter ads to run prior to the Conference.</b></li> <li>• <b>Recognition listing included on printed materials during in-person event:</b> <ul style="list-style-type: none"> <li>- Banner Signage</li> <li>- Full Page Listing in Exhibit Guide</li> <li>- Insert in Door Drop Bag (NCCN provided)</li> <li>- Table Tent in Exhibit Hall</li> </ul> </li> </ul>				

**Why You  
 Should Reserve  
 Space in the  
 NCCN Annual  
 Conference  
 Exhibit Hall**



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March 28-29, 2025

# Sponsor & Exhibitor Prospectus

## Exhibitor Schedule\*

### Exhibitor Registration and Set-up Hours

Thursday, March 27, 2025  
 11:00 AM – 5:00 PM

### Exhibit Hall Dates and Hours

Friday, March 28, 2025      7:30 AM – 3:35 PM  
 Saturday, March 29, 2025    7:30 AM – 3:30 PM

### Exhibit Dismantling

Saturday, March 29, 2025      5:00 – 8:00 PM

## Exhibit Hall Location

Caribe Royale Orlando  
 Palms Ballroom II & III  
 Orlando, Florida

## Space Assignment

Space is assigned as applications are received. Sponsors and Corporate Council Members are given premium exhibit placement. Deadline to reserve space is **Friday, January 31, 2025** or until spaces are filled.

## Exhibit Set-up

Exhibit Hall set-up is limited to one day, Thursday, March 27, 2025 from 11:00 AM to 5:00 PM. Please plan accordingly and consider booth design and assembly needed so that all set-up is completed promptly by 5:00 PM on Thursday, March 27, 2025.

## Booth Activity

NCCN must be informed of and approve any intent to conduct a drawing, provide a demonstration, distribute free samples or any other activity to take place during exhibit hours. Submit requests to [exhibits@nccn.org](mailto:exhibits@nccn.org) by Friday, January 31, 2025.

## Payment

Method of payment must be indicated on exhibit space applications. Full payment must be received (30) days prior to exhibit date.

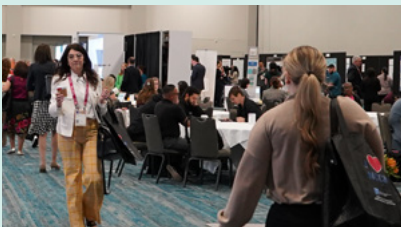
## Cancellation

For a full refund, notification of space cancellation must be received in writing on or before December 31, 2024.

## Refund Schedule

Through December 31, 2024	Full Refund
January 1 – January 31, 2025	50% Refund
After January 31, 2025	No Refund

\* Times subject to change.





# Annual <sup>March 28-30</sup> 2025 Conference

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## ● CONFERENCE DATES

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March 28-29, 2025

### Notice About Exhibit Hall Only Registrations:

Exhibit Hall Only (EHO) registrations are generously provided to all exhibitors for personnel who will be setting up, staffing, or dismantling a booth. EHO badges do not provide access to educational sessions. All attendee badges are electronically scanned as attendees enter a session room. If, during the Conference, an EHO badge holder wishes to attend a session, they can visit the Registration counter where their registration will be upgraded to a Full Conference Attendee with appropriate fees applied.

### Age Requirement:

All Conference Attendees and Exhibit Hall Only Attendees must be 21 years of age or older.

# Sponsor & Exhibitor Prospectus

## NCCN Exhibit Hall Includes:

**Exhibit Booths** – Standard and custom displays ranging in size from 10’ x 10’ to 10’ x 30’ inline booths. This event will not include island booths.

**NCCN Reimbursement Resource Room** – A designated section where companies provide information about reimbursement and patient assistance programs with tabletop displays.

**Product Theater** – All presentations will be given virtually. For in-person attendees, a viewing room is available for these non-CE promotional presentations.

**Patron Section** – A designated space for NCCN Member Institutions, State Oncology Societies, and Health Information Technology.

**Patient Advocacy Pavilion** – An area for advocacy groups to exhibit and provide patient information.

**General Poster Sessions** – Posters are displayed according to daily schedules.

**NCCN Booth and NCCN Trends** – Attendees visit the NCCN booth to learn about programs, enter to win prizes, and receive free giveaways. Attendees can complete surveys on issues concerning oncology practice.

**Exhibitor Passport Participation** – Attendees are encouraged to visit (6) booths to complete their passport. They can then receive a free NCCN-branded item.

**Food and Beverage** – Breakfasts, lunches, and break refreshments are served buffet style. All food and beverage is provided by NCCN.

## Exhibitors Receive:

- A virtual exhibit is included with the purchase of physical exhibit space. Features of the virtual exhibit will be provided.
- Complimentary Conference Registrations based on exhibit size – *see below*.
- Food and beverage for breakfasts, lunches, and breaks on Friday and Saturday.
- Pipe and drape configuration including back and side curtains.
- One (1) identification sign, one (1) 6’ draped table, two (2) chairs, and one (1) trash can.
- A 100-word company description, placement on floor plan listing, and discounted advertising rates in the printed and digital versions of the NCCN Exhibit Guide.
- Fully carpeted Exhibit Hall.
- Free WiFi is provided in the Exhibit Hall.

## Exhibitor Registrations:

- **10’ x 10’ Booth.....\$7,800**
  - (6) Annual Conference registrations - *full access to educational sessions and all Conference features.*
  - (4) Exhibit Hall Only registrations
- **10’ x 20’ Booth.....\$15,600**
  - (8) Annual Conference registrations - *full access to educational sessions and all Conference features.*
  - (5) Exhibit Hall Only registrations
- **10’ x 30’ Booth.....\$23,400**
  - (10) Annual Conference registrations - *full access to educational sessions and all Conference features.*
  - (6) Exhibit Hall Only registrations

# Annual <sup>March 28-30</sup> 2025 Conference

In-person and Virtual Formats

## ● CONFERENCE DATES

March 28–30, 2025

## ● EXHIBIT DATES

March 28–29, 2025

## ROOM BLOCK DEADLINE

Monday,  
March 3, 2025

# Sponsor & Exhibitor Prospectus

## NCCN Rooming Block Information

NCCN has a room block reserved at the Caribe Royale Orlando. For information on reserving a room, please visit: [www.NCCN.org/conference](http://www.NCCN.org/conference).

## Housing Information

### Important announcement regarding hotel accommodations for the NCCN Annual Conference!

It has come to the attention of NCCN that in the past, fraudulent reservation companies have approached our supporters, exhibitors, and conference attendees with offers of hotel rooms at discounted rates. These companies are in no way affiliated with NCCN or the Caribe Royale Orlando nor are they often legitimate companies. Please do not share your personal or financial information with these companies, or proceed with booking any reservations for the NCCN Annual Conference through these companies.

NCCN is the only organization that can reserve your room at the Caribe Royale Orlando for our conference within our discounted room block. Booking through NCCN ensures a legitimate reservation and that your credit card and personal information is secure. If you are contacted by anyone asking if you need a room reservation for the NCCN Annual Conference, or if they represent themselves as the "NCCN housing provider," please get their information and contact the NCCN Conferences and Meetings Department immediately at [conferences@nccn.org](mailto:conferences@nccn.org).

NCCN cannot be held responsible for guests choosing accommodations outside of our official room block. If you have been contacted by email, fax, or phone by someone other than an NCCN Staff member about making your hotel reservation, please let us know immediately. Thank you!

## Blackout Times

NCCN requests that all sponsors, exhibitors, or non-sponsors respect the intent of this event. Therefore, any non-NCCN events, whether on the event property or off-premises but within the city limits, that might potentially draw participants from registered attendees, faculty, or speakers of the NCCN 2025 Annual Conference are prohibited.

NCCN appreciates the understanding and cooperation of all entities involved. The blackout times for this event are **Thursday, March 27, 2025 beginning at 8:00 AM to Sunday, March 30, 2025 ending at 5:00 PM**. Thank you.





March 28-30

# Annual 2025 Conference

In-person and Virtual Formats

## ● CONFERENCE DATES

March 28-30, 2025

## ● EXHIBIT DATES

March 28-29, 2025

## INSTRUCTIONS

1. Reserve your sponsorship by completing this form and submitting it by Friday, January 31, 2025.
2. You will receive an email confirming receipt of your application and details concerning your sponsorship.

## SEND COMPLETED APPLICATION TO:

**Jennifer Tredwell, MBA**  
 Senior Vice President, Marketing and Communications  
 3025 Chemical Road  
 Suite 100  
 Plymouth Meeting, PA 19462  
 Phone - 215.690.0274  
[exhibits@nccn.org](mailto:exhibits@nccn.org)

## CANCELLATION PENALTIES:

Through **Dec. 31, 2024:**  
Full refund

**Jan. 1 - Jan. 31, 2025:**  
50% refund

After **Jan. 31, 2025:**  
No refund

# Commercial Sponsor Application and Contract

## Sponsor Information (please type or print clearly)

Organization \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 (Point of contact: individual who will be responsible for the sponsorship and will receive all future correspondence.)  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email (required) \_\_\_\_\_  
 Signature required for contract \_\_\_\_\_ Date \_\_\_\_\_

## For Agency Only (if purchasing on behalf of another company)

Client name \_\_\_\_\_  
 (Person authorizing the agency to purchase this sponsorship.)  
 Company Name \_\_\_\_\_  
 Email (required) \_\_\_\_\_

## Recognition Information

Sponsor name \_\_\_\_\_  
 (Use upper and lower case letters exactly as you want your organization's name to appear on Conference materials.)  
 Company Website \_\_\_\_\_  
 (Provide URL to link to company name for virtual placements.)

## Sponsor Levels

\$25,000 – Bronze Level  
 \$50,000 – Silver Level  
 \$75,000 – Gold Level  
 \$100,000 – Platinum Level  
 Total: \$ \_\_\_\_\_

## Payment Information

Please send an invoice  
 Check will be mailed (Please make checks payable to: National Comprehensive Cancer Network and mail to:  
 NCCN, 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462  
 Attn: Accounting Department)  
 Credit Card:  American Express  Discover Card  MasterCard  Visa  
 Cardholder's Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

NCCN may charge the credit card for the amount as indicated above.

Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions.

\_\_\_\_\_  
 \_\_\_\_\_



# Annual 2025 Conference

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In-person and Virtual Formats

## ● CONFERENCE DATES

March 28-30, 2025

## ● EXHIBIT DATES

March 28-29, 2025

## INSTRUCTIONS

1. Apply for exhibit space by completing this form and submitting it by Friday, January 31, 2025.
2. You will receive an email confirming receipt of your application and registration information for the NCCN 2025 Annual Conference.
3. You will receive a Show Service Kit with exhibit details 6 weeks before the NCCN 2025 Annual Conference. The floor plan with booth numbers will be available at this time.
4. The reservation includes a virtual exhibit. Information on virtual exhibit features will follow.

## SEND COMPLETED APPLICATION TO:

**Jennifer Tredwell, MBA**  
 Senior Vice President, Marketing and Communications  
 3025 Chemical Road  
 Suite 100  
 Plymouth Meeting, PA 19462  
 Phone – 215.690.0274  
[exhibits@nccn.org](mailto:exhibits@nccn.org)

## PAYMENT

Method of payment must be indicated on this application. Full payment must be received (30) days prior to Exhibit date.

## CANCELLATION

For a full refund, notification of space cancellation must be received in writing on or before Dec. 31, 2024.

## REFUND SCHEDULE

Through Dec. 31, 2024:

Full refund

Jan. 1 - Jan. 31, 2025:

50% refund

After Jan. 31, 2025:

No refund

# Exhibit Space Application and Contract

## For Live (In-person) and Virtual Exhibit Space

### Sponsor Information (please type or print clearly)

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

(Point of contact: Individual who will be responsible for your exhibit and who will receive all future correspondence.)

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email (required) \_\_\_\_\_

Signature required for contract \_\_\_\_\_ Date \_\_\_\_\_

List exhibitors you do not wish to be next to or directly across the aisle from.

### For Agency Only (if purchasing on behalf of another company)

Client name \_\_\_\_\_

(Person authorizing the agency to purchase this sponsorship.)

Company Name \_\_\_\_\_

Email (required) \_\_\_\_\_

### Promotional Information

Organization Name for Conference Materials \_\_\_\_\_

(Use upper and lower case letters exactly as you want your organization's name to appear on conference materials and signage.)

### Booth Activity

Please provide information on any drawing, demonstration, or other activity to take place in your booth.

### Space Reservations

\$2,500 Nonprofit Only – 10' x 10' + Virtual Exhibit

\$7,800 – 10' x 10' Exhibitor Space + Virtual Exhibit

\$15,600 – 10' x 20' Exhibitor Space + Virtual Exhibit

\$23,400 – 10' x 30' Exhibitor Space + Virtual Exhibit

TOTAL: \_\_\_\_\_

### Payment Information

Please send an invoice

Check will be mailed (Please make checks payable to: National Comprehensive Cancer Network and mail to:  
 NCCN, 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462  
 Attn: Accounting Department)

Credit Card:  American Express  Discover Card  MasterCard  Visa

Cardholder's Name: \_\_\_\_\_

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

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

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

Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_

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

NCCN may charge the credit card for the amount as indicated above.

Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions.

\_\_\_\_\_  
\_\_\_\_\_





March 28-30  
**Annual 2025  
Conference**  
In-person and Virtual Formats

For Live (In-person) and Virtual Exhibit Space

Continued from previous page

## FIRE AND SAFETY REGULATIONS

As an exhibitor, you must comply with safety, fire, and health ordinances that apply to the City of Orlando, State of Florida. All displays, exhibit materials, and equipment must be reasonably located and protected by safety guards and fireproofing to prevent fire hazards and accidents. Electrical wiring must conform to all federal, state, and municipal government requirements and to National Electrical Code Safety Rules.

## AUXILIARY AIDS OR SERVICES

In compliance with the Americans with Disabilities Act (ADA), NCCN wishes to ensure that no individual with a disability is excluded, denied services, or otherwise treated differently from other individuals. Each exhibitor shall be responsible for compliance within its exhibit space, including the provision of auxiliary aids and services needed.

## LIABILITY

Each exhibitor assumes the entire responsibility and hereby agrees to protect, defend, indemnify, and save NCCN and Caribe Royale Orlando, its owners, its operator, and each of their respective parents, subsidiaries, affiliates, employees, officers, directors, and agents harmless against all claims, losses, or damages to persons or property, governmental charges or fines and attorney's fees arising out of or caused by its installation, removal, maintenance, occupancy, or use of the Exhibit premises or a part thereof.

## INSURANCE

NCCN and the Caribe Royale Orlando will not be liable for damage or loss to the exhibitor's property through theft, fire, accidents, or any other cause. NCCN and Caribe Royale Orlando will not assume liability for any injury that may occur to visitors, exhibitors or their agents, employees, or others. Exhibitors shall obtain and keep in force during the term of the installation and use of the exhibit premises, policies of Comprehensive General Liability Insurance, and Contractual Liability Insurance, insuring and specifically referring to the Contractual liability, in an amount not less than \$2,000,000 Combined Single Limit for personal injury and property damage.

NCCN and Caribe Royale Orlando shall be included in such policies as additional insureds. In addition, the exhibitor acknowledges that neither NCCN nor the Caribe Royale Orlando, its owners, or its operator maintains insurance covering exhibitor's property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance insuring any losses by the exhibitor.

To register for this conference, please sign below acknowledging on behalf of you and your company that you have received and read the attached terms and accept and agree to be bound by these terms as a condition to the registration.

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

Print Full Name \_\_\_\_\_

Organization Name \_\_\_\_\_

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## Wellness Sponsorship Opportunities

Sponsors can join in promoting good health and wellness with through these new Conference benefits for attendees! Feedback has shown that today's attendees are looking for new features and appreciate creative ways to network through experiences that enhance the in-person format.

Promotion of offerings along with sponsor recognition will vary and may include: signage, table tents, broadcast announcements, non-CE emails, door drops, Exhibit Guide ads, and web and app placements.

### **Conference Wellness Challenge: \$25,000 - \$50,000 (multiple sponsors)**

**Reinforce** healthy practices by sponsoring a mobile app where attendees can count their steps and get credit for other activities. Good natured competition will enable attendees to earn NCCN-provided prizes. A leaderboard will display real time rankings.

### **Attendee Lounges and Charging Stations: \$15,000 - \$50,000 (multiple sponsors)**

**Recharge** attendees with a modern lounge area including comfortable furniture and greenery. Set-ups include outlets for attendees to recharge their mobile devices. Whether bean bag chairs or chaise lounges, furniture options as well as overall size, number of chargers, etc. can vary.

### **Reality Activation Station: \$30,000 (two available to Exhibitors only)**

**Reengage** attendees with a virtual reality experience. Headsets and equipment will be included in an additional 10'x10' space to be added to your current booth size.

### **Endurance Building Snacks: \$10,000 (multiple sponsors)**

**Refresh** attendees with a healthy treat. Options may include protein smoothies, mini acai bowls, freshly prepared energy bars, or fruit and nut charcuterie cones.

### **Massage Chair Station: \$18,000 - \$28,000 (exclusive to one exhibitor or multiple if in a common area)**

**Reinvigorate** attendees with a relaxing chair massage. Number of chairs and location can vary.

### **Beneficial Give-Aways: \$5,000 - \$15,000 (multiple sponsors, one item per sponsor)**

**Rejuvenate** your booth visitors with a convenient give-away. Options include: boxed water containers, mini-hand sanitizers, travel-size sunscreen lotion, and note pads made of recycled materials.

### **WiFi Sponsor: \$25,000 (up to 4 sponsors)**

**Reaffirm** secure and reliable connections and access through sponsorship of high-quality WiFi service in the Exhibit Hall and other areas outside of the general sessions.

### **Morning Activity: \$15,000 - \$20,000 (multiple sponsors)**

**Refuel** and prepare attendees for the day with a morning activity of light stretching or gentle yoga in the Exhibit Hall.

### **Sensory Room: \$6,000 - \$12,000 (up to two sponsors)**

**Redefine** the learning space by providing a Sensory Room for attendees to avoid overwhelming stimuli such as noise, bright lights, and crowded spaces. The room will accommodate between 15 – 30 attendees and enable them to retreat and decompress, helping to reduce sensory overload and burnout. The room will be set-up with soft lighting, comfortable seating, and sensory toys.

#### **Contact Information:**

For more on all of these opportunities including creative ways to customize offerings and facilitate sponsor recognition, please email: [exhibits@nccn.org](mailto:exhibits@nccn.org)



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In-person and Virtual Formats

## ● CONFERENCE DATES

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## ● EXHIBIT DATES

March 28-29, 2025

## INSTRUCTIONS

1. Complete and submit this form to apply for participation in the NCCN Reimbursement Resource Room by Friday, January 31, 2025.
2. You will receive an email confirming receipt of your application and registration information.
3. Upon receipt of this application, information regarding the virtual exhibit and other features will be provided.

## SEND COMPLETED APPLICATION TO:

**Jennifer Tredwell, MBA**  
 Senior Vice President, Marketing and Communications  
 3025 Chemical Road  
 Suite 100  
 Plymouth Meeting, PA 19462  
 Phone – 215.690.0274  
[exhibits@nccn.org](mailto:exhibits@nccn.org)

## PAYMENT

Method of payment must be indicated on this application. Full payment must be received (30) days prior to Exhibit date.

## CANCELLATION

For a full refund, notification of sponsorship cancellation must be received in writing on or before December 31, 2024.

## REFUND SCHEDULE

Through **Dec. 31, 2024:**

Full refund

**Jan. 1 - Jan. 31, 2025:**

50% refund

After **Jan. 31, 2025:**

No refund

# Reimbursement Resource Room

## Application and Contract

NCCN will have a dedicated section in the Exhibit Hall for attendees to visit and learn about industry reimbursement help and services. Individual tabletop displays are available. The NCCN Reimbursement Resource Room will have a prominent position in the front of the Exhibit Hall. Participation is a year-long sponsorship and includes:

- A table top display in the NCCN Exhibit Hall with (6) full Conference registrations and (4) Exhibit Hall Only registrations.
- A listing in the NCCN Exhibit Guide, included in all attendee bags and digitally on the virtual meeting platform.
- A year-long placement on the NCCN Reimbursement Resources App for mobile devices.
- A year-long placement on the NCCN Virtual Reimbursement Resource Room section of NCCN.org, available at [NCCN.org/reimbursement](https://NCCN.org/reimbursement).
- Complimentary digital ads, throughout the year in the *NCCN eBulletin*, an electronic newsletter delivered to more than 190,000 readers weekly.

## Applicant Information (please type or print clearly)

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

(Name of person who will be responsible for your sponsorship and to whom all future correspondence should be sent.)

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail (required) \_\_\_\_\_

Signature required for contract \_\_\_\_\_ Date \_\_\_\_\_

## For Agency Only (if applicable)

Client name \_\_\_\_\_

(Person authorizing the agency to purchase this sponsorship.)

Company Name \_\_\_\_\_

Email (required) \_\_\_\_\_

## Promotional Information

Organization Program Name for Conference Materials \_\_\_\_\_

(Use upper and lower case letters exactly as you want your organization's name to appear on conference materials and signage.)

## Reimbursement Resource Room Reservation

\$5,500 – Virtual only features and Full Year on NCCN.org/reimbursement

\$10,500 – Tabletop Exhibit and Virtual features with Full Year on NCCN.org/reimbursement

TOTAL: \_\_\_\_\_

## Payment Information

Please send an invoice

Check will be mailed (Please make checks payable to: National Comprehensive Cancer Network and mail to:  
 NCCN, 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462  
 Attn: Accounting Department)

Credit Card:  American Express  Discover Card  MasterCard  Visa

Cardholder's Name: \_\_\_\_\_

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

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

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

Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_

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

NCCN may charge the credit card for the amount as indicated above.

Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions.

\_\_\_\_\_

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## Annual <sup>March 28-30</sup> 2025 Conference In-person and Virtual Formats

Continued from previous page

### FIRE AND SAFETY REGULATIONS

As an exhibitor, you must comply with safety, fire, and health ordinances that apply to the City of Orlando, State of Florida. All displays, exhibit materials, and equipment must be reasonably located and protected by safety guards and fireproofing to prevent fire hazards and accidents. Electrical wiring must conform to all federal, state, and municipal government requirements and to National Electrical Code Safety Rules.

### AUXILIARY AIDS OR SERVICES

In compliance with the Americans with Disabilities Act (ADA), NCCN wishes to ensure that no individual with a disability is excluded, denied services, or otherwise treated differently from other individuals. Each exhibitor shall be responsible for compliance within its exhibit space, including the provision of auxiliary aids and services needed.

### LIABILITY

Each exhibitor assumes the entire responsibility and hereby agrees to protect, defend, indemnify, and save NCCN and Caribe Royale Orlando, its owners, its operator, and each of their respective parents, subsidiaries, affiliates, employees, officers, directors, and agents harmless against all claims, losses, or damages to persons or property, governmental charges or fines and attorney's fees arising out of or caused by its installation, removal, maintenance, occupancy, or use of the Exhibit premises or a part thereof.

### INSURANCE

NCCN and the Caribe Royale Orlando will not be liable for damage or loss to the exhibitor's property through theft, fire, accidents, or any other cause. NCCN and Caribe Royale Orlando will not assume liability for any injury that may occur to visitors, exhibitors or their agents, employees, or others. Exhibitors shall obtain and keep in force during the term of the installation and use of the exhibit premises, policies of Comprehensive General Liability Insurance, and Contractual Liability Insurance, insuring and specifically referring to the Contractual liability, in an amount not less than \$2,000,000 Combined Single Limit for personal injury and property damage.

NCCN and Caribe Royale Orlando shall be included in such policies as additional insureds. In addition, the exhibitor acknowledges that neither NCCN nor the Caribe Royale Orlando, its owners, or its operator maintains insurance covering exhibitor's property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance insuring any losses by the exhibitor.

To register for this conference, please sign below acknowledging on behalf of you and your company that you have received and read the attached terms and accept and agree to be bound by these terms as a condition to the registration.

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

Print Full Name \_\_\_\_\_

Organization Name \_\_\_\_\_



# Annual 2025 Conference

March 28-30

In-person and Virtual Formats

## ● CONFERENCE DATES

March 28-30, 2025

## ● EXHIBIT DATES

March 28-29, 2025

## INSTRUCTIONS

1. Apply for sponsorship by completing this form submitting it by Friday, January 31, 2025.
2. You will receive an email confirming receipt of your application and more information about participation.

## SEND COMPLETED APPLICATION TO:

**Jennifer Tredwell, MBA**  
 Senior Vice President, Marketing and Communications  
 3025 Chemical Road, Suite 100  
 Plymouth Meeting, PA 19462  
 Phone - 215.690.0274  
[exhibits@nccn.org](mailto:exhibits@nccn.org)

## PAYMENT

Method of payment must be indicated on this application. Full payment must be received (30) days prior to Exhibit date.

## CANCELLATION

For a full refund, notification of sponsorship cancellation must be received in writing on or before December 31, 2024.

## REFUND SCHEDULE

Through **Dec. 31, 2024:**  
Full refund

**Jan. 1 - Jan. 31, 2025:**  
50% refund

After **Jan. 31, 2025:**  
No refund

# Patient Advocacy Pavilion Sponsorship

Become a sponsor of the NCCN Patient Advocacy Pavilion program, where multiple patient advocacy groups, representing a range of disease types, are able to attend and exhibit during the Conference. Sponsors receive free registrations (Topaz: 1, Emerald: 2, Ruby: 3, Diamond: 4) to attend the Conference and can nominate advocacy organizations (Topaz: 2, Emerald: 4, Ruby: 6, Diamond: 8) for NCCN to invite. Sponsors are listed on the Conference virtual platform, NCCN Exhibit Guide listing, and on the Conference web page. All advocates receive information on NCCN patient materials and other resources.

## Patient Advocacy Pavilion Sponsor Information (please type or print clearly)

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_  
(Name of person who will be responsible for your sponsorship and to whom all future correspondence should be sent.)

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail (required) \_\_\_\_\_

Signature required for contract \_\_\_\_\_ Date \_\_\_\_\_

## Recognition Information

Sponsor Name for Conference Materials \_\_\_\_\_  
(Use upper and lower case letters exactly as you want your title to appear on conference materials and signage.)

## Patient Advocacy Pavilion Sponsor Levels

- \$5,000 - Topaz
- \$10,000 - Emerald
- \$25,000 - Ruby
- \$50,000 - Diamond
- TOTAL: \$ \_\_\_\_\_

## Payment Information

- Please send an invoice
- Check will be mailed (Please make checks payable to: National Comprehensive Cancer Network and mail to:  
NCCN, 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462  
Attn: Accounting Department)
- Credit Card:  American Express  Discover Card  MasterCard  Visa

Cardholder's Name: \_\_\_\_\_

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

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

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

Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_

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

NCCN may charge the credit card for the amount as indicated above.

- Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions.

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# Annual 2025 Conference

March 28-30

In-person and Virtual Formats

● CONFERENCE DATES

March 28-30, 2025

● EXHIBIT DATES

March 28-29, 2025

## INSTRUCTIONS

1. Apply for your presentation by completing this form and submitting it by Friday, January 31, 2025.
2. You will receive an email confirming receipt of your application. All presentations will be broadcast virtually. Details will be provided about both the in-person viewing room and virtual platforms.
3. A statement of work with preparation details will be provided.

## SEND COMPLETED APPLICATION TO:

**Jennifer Tredwell, MBA**  
 Senior Vice President, Marketing and Communications  
 3025 Chemical Road, Suite 100  
 Plymouth Meeting, PA 19462  
 Phone – 215.690.0274  
[exhibits@nccn.org](mailto:exhibits@nccn.org)

## CANCELLATION

For a full refund, notification of presentation cancellation must be received in writing on or before December 31, 2024.

## REFUND SCHEDULE

Through **Dec. 31, 2024:**  
 Full refund

**Jan. 1 - Jan. 31, 2025:**  
 50% refund

After **Jan. 31, 2025:**  
 No refund

# Product Theater Application and Contract

Reach your target audience by giving an informational (Non-CE) presentation. Presentations will last 25 minutes followed by an audience 5 minute Q&A session. Banner signs, directional signs, ads, and a door drop flyer will identify your support and promote all presentations. All presentations are produced virtually on the Virtual Event Platform. A viewing room for in-person attendees will be located near the Exhibit Hall.

## Sponsor Information (please type or print clearly)

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_  
 (Point of contact: Individual who will be responsible for your presentation and who will receive all future correspondence.)

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail (required) \_\_\_\_\_

Signature required for contract \_\_\_\_\_ Date \_\_\_\_\_

## For Agency Only (if applicable)

Client name \_\_\_\_\_  
 (Person authorizing the agency to purchase this sponsorship.)

Company Name \_\_\_\_\_

Email (required) \_\_\_\_\_

## Presentation Information

Presentation Title for Conference Materials \_\_\_\_\_

\_\_\_\_\_  
 (Use upper and lower case letters exactly as you want your title to appear on conference materials and signage.)

## Product Theaters\* (multiple timeslots available per day)

- \$38,000 – Friday, March 28, 2025      \*Exact timeslots for each  
 25 minute presentation will be provided
- \$38,000 – Saturday, March 29, 2025

TOTAL: \$ \_\_\_\_\_

## Payment Information

- Please send an invoice
- Check will be mailed (Please make checks payable to: National Comprehensive Cancer Network and mail to:  
 NCCN, 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462  
 Attn: Accounting Department)

Credit Card:  American Express  Discover Card  MasterCard  Visa

Cardholder's Name: \_\_\_\_\_

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

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

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

Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_

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

NCCN may charge the credit card for the amount as indicated above.

- Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions.

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# Annual 2025 Conference

March 28-30

In-person and Virtual Formats

● CONFERENCE DATES

March 28-30, 2025

● EXHIBIT DATES

March 28-29, 2025



**INSERTION ORDER DUE**

Friday, January 31, 2025

**ARTWORK DUE**

Friday, February 7, 2025

**DOOR DROP DUE**

Friday, February 14, 2025

**SEND COMPLETED APPLICATION TO:**

**Jennifer Tredwell, MBA**  
 Senior Vice President, Marketing and Communications  
 3025 Chemical Road, Suite 100  
 Plymouth Meeting, PA 19462  
 Phone – 215.690.0274  
[exhibits@nccn.org](mailto:exhibits@nccn.org)

**PAYMENT**

Method of payment must be indicated on this application. Full payment must be received (30) days prior to Exhibit date.

# Advertising Insertion Order

## Exhibit Guide Advertising

Advertising in the NCCN Exhibit Guide provides uncommon exposure to influential oncologists, nurses, pharmacists, and other health care professionals. The NCCN Exhibit Guide will be posted on [NCCN.org/conference](http://NCCN.org/conference) and inserted in the conference bag and distributed to all conference attendees. A digital version will post on the Conference app. Additional copies are displayed in the Exhibit hall and foyers.

Ad Sizes	Width	Height	Bleed
Half Page Horizontal	8.5"	5.5"	0.125
Full Page - Run of Book & Covers	8.5"	11"	0.125

**Reproduction Requirements:**

- The following file type is accepted: PDF/X-1a
- Vector artwork should be saved in an .EPS format with fonts save as outlines and images embedded. We will substitute with similar fonts if originals are not submitted.
- The following digital file types are NOT accepted formats:  
 Powerpoint, Word, Publisher, Excel, Freehand, Corel Draw, Paint

## Door Drops

Invite attendees to visit your booth, promote a service, or build brand awareness through the use of a door drop. Have your custom printed piece delivered directly to the hotel rooms of NCCN Conference attendees.

## Pre-Conference Non-CE Email Ads

Include your ad in emails sent to all registered attendees before and during the Conference.

**Advertiser Information (please type or print clearly)**

Organization \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 (Name of person who will be responsible for your ad and to whom all future correspondence should be sent.)  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail (required) \_\_\_\_\_

**Exhibit Guide Ads**

- \$1,500/ad Half Page Horizontal Ad Exhibitor
- \$2,000/ad Half Page Horizontal Ad Non-Exhibitor
- \$2,500/ad Full Page Exhibitor
- \$3,500/ad Full Page Non-Exhibitor
- \$5,000/ad Pages 2-5 Forward Placement/per page
- \$10,000/ad Back Cover

**Door Drops**

- Sponsor provided printed piece will be delivered to all NCCN room block attendees
- \$8,500 Door Drop - Thursday evening
  - \$8,500 Door Drop - Friday evening

**Pre-Conference Non-CE Email Digital Ads**

- \$6,000 (3) Banner ads

TOTAL: \$ \_\_\_\_\_

**Payment Information**

- Please send an invoice
- Check will be mailed (Please make checks payable to: National Comprehensive Cancer Network and mail to:  
 NCCN, 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462  
 Attn: Accounting Department)

Credit Card:  American Express  Discover Card  MasterCard  Visa

Cardholder's Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Verification Number: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

NCCN may charge the credit card for the amount as indicated above.

- Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions.

\_\_\_\_\_  
 \_\_\_\_\_

# Sponsor & Exhibitor Prospectus

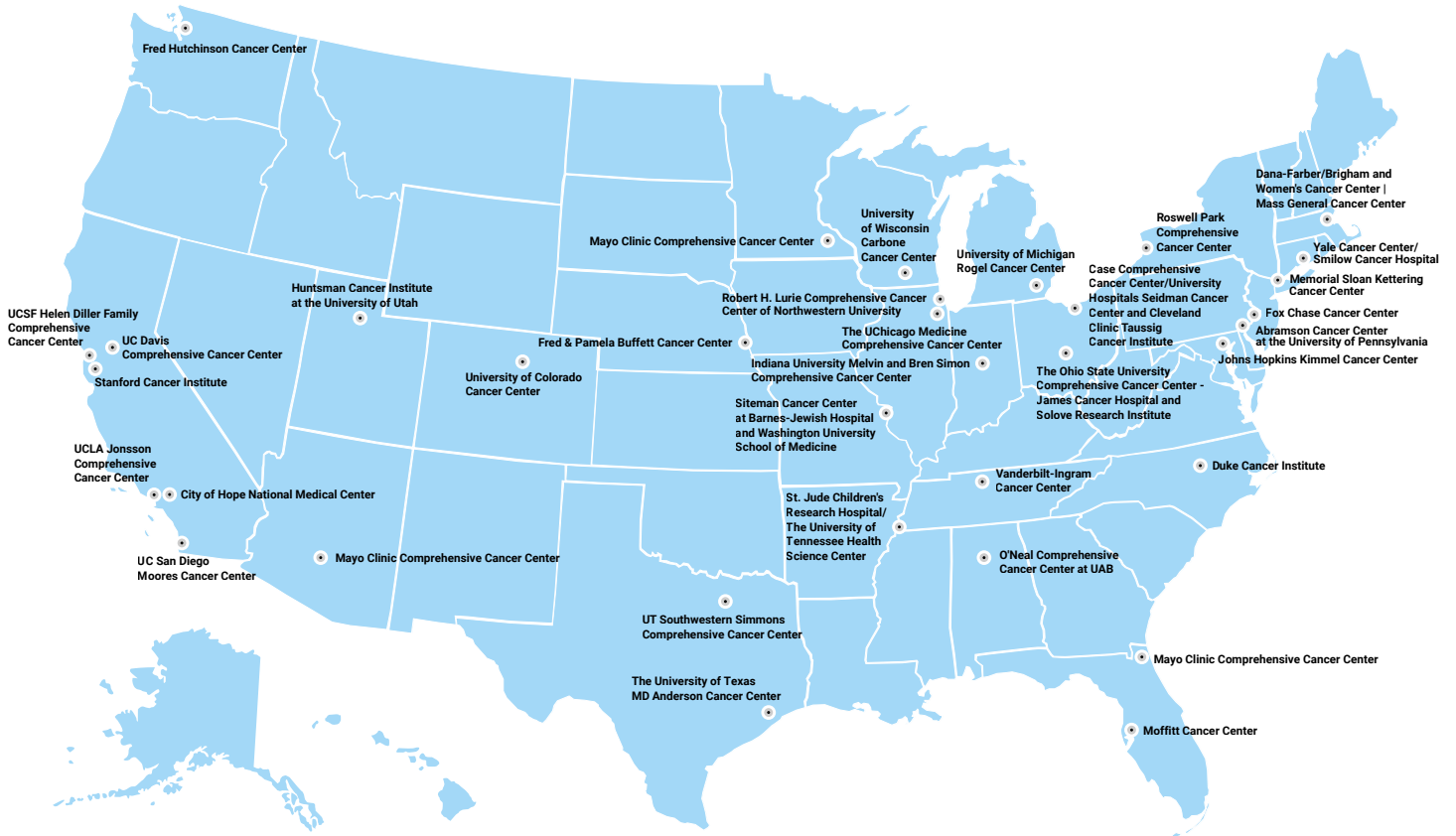
## Sponsor and Exhibit Opportunities

Jennifer Tredwell, MBA  
 Senior Vice President, Marketing and Communications  
 215.690.0274  
[tredwell@nccn.org](mailto:tredwell@nccn.org)

## Support Opportunities

Beth Gaffney, MBA  
 Vice President, US & Global  
 Business Development  
 215.690.0226  
[gaffney@nccn.org](mailto:gaffney@nccn.org)

## NCCN Member Institutions



The National Comprehensive Cancer Network® (NCCN®) is a not-for-profit alliance of leading cancer centers devoted to patient care, research, and education. NCCN is dedicated to improving and facilitating quality, effective, equitable, and accessible cancer care so all patients can live better lives. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. By defining and advancing high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers around the world.

World-renowned experts from NCCN Member Institutions diagnose and treat patients with a broad spectrum of cancers and are recognized for dealing with complex, aggressive, or rare cancers. NCCN Member Institutions pioneered the concept of the multidisciplinary team approach to patient care and conduct innovative research that contributes significantly to understanding, diagnosing, and treating cancer. NCCN programs offer access to expert physicians, superior treatment, and quality and safety initiatives that continuously improve the effectiveness and efficiency of cancer care globally.

[NCCN.org](https://www.nccn.org) – For Clinicians | [NCCN.org/patients](https://www.nccn.org/patients) – For Patients

3025 Chemical Road, Suite 100 | Plymouth Meeting, PA 19462  
 Phone: 215.690.0300