



All information must be completed or this application will be returned. Request Forms are due by November 29, 2019 to be included in the online conference schedule listing.

Each application must include the following information to be considered:

- Proposed title of program, length of each presentation, proposed facility names (if known, including academic degrees, institution, city, and state), learning objectives, and ACCME accreditation statements
- Preferred day and time
- Synopsis of 50 words or less for use by ASPHO evaluating committee

TYPE OF FORUM PREFERENCE

- CME Breakfast – Thursday May 7th (\$20,000) or Friday May 8th (\$25,000)*
 - CME Lunch – Wednesday May 6th (\$35,000)*
 - CME Dinner – Wednesday May 6th, Thursday May 7th, or Friday May 8th (\$40,000)*
- *One hematology and one oncology lunch program available per noted days. Times will be assigned when approved, and are subject to change.

Note that every effort will be made to accommodate your preference; however, no guarantees can be made. Additionally, any or all of the preferred times may be concurrent with other Corporate Forums.

SPONSORING ORGANIZATION

Company Name _____
 Address _____
 City, State _____ Zip/Postal Code _____ Country _____
 Telephone _____ Fax _____ E-mail Address _____
 Direct future correspondence to _____ Title _____
 Telephone _____ Fax _____ E-mail Address _____
 Person authorizing request _____ Title _____
 Signature _____

THIRD PARTY COMMUNICATION COMPANY (IF APPLICABLE)

Company Name _____
 Address _____
 City, State _____ Zip/Postal Code _____ Country _____
 Telephone _____ Fax _____ E-mail Address _____
 Direct future correspondence to _____ Title _____
 Telephone _____ Fax _____ E-mail Address _____
 Person authorizing request _____ Title _____
 Signature _____

CME PROVIDER

Company Name _____
 Address _____
 City, State _____ Zip/Postal Code _____ Country _____
 Telephone _____ Fax _____ E-mail Address _____
 Direct future correspondence to _____ Title _____
 Telephone _____ Fax _____ E-mail Address _____
 Person authorizing request _____ Title _____
 Signature _____

We certify that the information provided is accurate and complete, and that we agree to follow the ASPHO guidelines for Corporate Forums (available online).

Signature _____ Date _____

Return this form to: Rob Frey, Director, Professional Relations & Development
 847.375.6470 (direct) | 888.374.7259 (fax)
 E-mail: rpfrey@aspho.org

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