

*All information must be completed or this application will be returned.* Each application must include the following information to be considered:

- Proposed title of program, length of each presentation, proposed facility names (including academic degrees, institution, city and state), and learning objectives
- Synopsis of 50 words or less for use in ASPHO conference mobile app
- The appropriate program fee for a CFSS in the form of an association fee to the American Society of Pediatric Hematology/Oncology.

**NON-CE PROGRAM\***

- Breakfast – Thursday or Friday, May 2<sup>nd</sup> or 3<sup>rd</sup> (\$20,000) 90 minutes
- Lunch – Wednesday, Thursday, or Friday May 1<sup>st</sup> - 3<sup>rd</sup> (\$30,000-\$35,000) 75-90 minutes
- Dinners – Wednesday, Thursday, Friday, May 1<sup>st</sup> – 3<sup>rd</sup> (\$40,000) 90 minutes

\*Times are subject to change. Note that every effort will be made to accommodate your preference. Additionally, any or all of the preferred times may be concurrent with other Non-CE programming. For use in ASPHO meeting materials -please submit a company logo and a 50-word description of the program electronically to [rpfrey@aspho.org](mailto:rpfrey@aspho.org) with request form.

**Title of Program:** \_\_\_\_\_

**Supporting Organization Name:** \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

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

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Third party communication company (if applicable)**

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

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Direct future correspondence to \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Person authorizing request \_\_\_\_\_ Title \_\_\_\_\_

**Payment information:** You may pay by check or credit card (3% service charge will be added to the total for credit card payments).

Amount \$ \_\_\_\_\_ USD  Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

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

Date received: \_\_\_\_\_ (Topic will be reviewed within 5 business days of receipt)

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

Request Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reasons:  Topic Not Appropriate for audience  Requested time slot not available