



Education Theater



ASPHO is pleased to offer you the opportunity to showcase your company's products, services, or programs by conducting a seminar or product demonstration. The education theater sessions are 30 minutes in length and will be held in a designated area in the exhibit hall, set up in theater style for 75–100 attendees. The following topic areas would be of particular interest to pediatric hematologists/oncologists: rare tumors, immunology, gene therapy, vascular anomalies, hemostatic and thrombotic disorders, and diagnosis and treatment of bone marrow failure.

This application is also available online as a fillable form at www.aspho.org.

RULES AND REGULATIONS

Education theater sessions are assigned on a first-come, first-served basis pending ASPHO approval. The theater fee is **\$7,500** and must accompany your completed education theater application. Theaters are only available to those who purchase an exhibit booth. The fee includes theater space rental and listing on onsite signage that features all education theater sessions. Education theaters will be listed in the ASPHO Program Book. Descriptive copy (limited to 50 words) must be sent to mpaulson@aspho.org with the application.

All activities are restricted to the designated area in the exhibit hall. You will be responsible for organizing your presentation. The space will be set up theater style for the attendees and will include an LCD projector/screen, podium, and microphone. You are

responsible for any special-need charges (e.g., catering, additional audiovisual equipment). Please note that, per venue policy, no outside food or beverages are allowed at any function.

Promotion or notification of your theater is your responsibility. You may place a sign up to 22" x 28" in the registration area, at the entrance of the exhibit hall, and outside the designated area 24 hours before your presentation begins. You may promote your theater through direct mail, room drop, or program book advertising for an additional fee.

Sessions are approved *after submission of the education theater application form* on a first-come, first-served basis. All programs must be approved by ASPHO. No cancellations are accepted after space is confirmed. Payment is due upon submission.

CONTACT INFORMATION

Contact Person _____ Department _____

Company _____ Address _____

City/State/ZIP _____

E-mail Address _____

Phone Number _____ Fax Number _____

Title of Program _____

E-mail descriptive copy (50 words or fewer) to mpaulson@aspho.org.

PAYMENT INFORMATION

You may pay by check or credit card (a 3% service charge will be added for credit card payments) Amount \$ _____

Check # _____ Credit Card # _____ Expiration Date _____

Credit Card Type _____ Cardholder Name _____

Signature _____

(For Office Use Only) Date Received _____ Time Scheduled _____ Approved _____

Return form with payment to: Mary Paulson, Manager, Professional Relations & Development
ASPHO, 8735 W. Higgins Rd, Ste 300, Chicago IL, 60631-2738 • 847.375.4803 • fax 888.374.7259 • mpaulson@aspho.org