



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 to accommodate up to 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.

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 on-site signage that features all education theater sessions. Education theaters will be listed in the ASPHO pocket guide and mobile app. Descriptive copy (limited to 50 words) must be sent to rpfrey@aspho.org with the application.

All activities are restricted to the designated area in the exhibit hall at the convention center/hotel. You will be responsible for organizing your presentation. The space will be set up to accommodate up to 100 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 in the registration area, at the entrance of the exhibit hall, or outside the designated area 24 hours before your presentation begins. You may promote your theater through direct mail, room drop, or pocket guide and mobile app 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 _____ Email Address _____
 Phone Number _____ Fax Number _____
 Title of Program _____
 Preferred Time Slot _____
 E-mail descriptive copy (50 words or fewer) to rpfrey@aspho.org

PAYMENT INFORMATION

You may pay by check or credit card. Amount \$ _____
 Check # _____ Credit Card # _____ Expiration Date _____
 Credit card Type _____ Cardholders Name _____
 Signature _____ Requested Day/Time _____

Return form with payment to: Rob Frey, Director, Professional Relations & Development
ASPHO, 8735 W. Higgins Rd, Ste 300, Chicago IL, 60631-2738 • 847.375.6470 • fax 888.374.7259 • rpfrey@aspho.org

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

Cancellation Policy: In the event the sponsor notifies the Association in writing of the intent to cancel the agreement after acceptance but prior to the Pocket Guide printing date, a full refund of monies received, minus a \$250 administrative fee will be made. No cancellations accepted after the Pocket Guide printing date. If full payment is not received prior to the agreed upon event date, the program will be canceled without refund.