

*Request Forms are due by **September 25, 2015** to be included in the registration brochure.*

**NON-CE PROGRAM**

- Breakfast – Thursday, April 27 – 6:30 am – 8:00 am\* \$40,000
- Lunch – Wednesday, April 26 - 11:30 am – 1:00 pm \* \$30,000
- Dinners – Time TBD\* \$40,000

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 Satellite Symposia. \*Times are subject to change.

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

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

For use in ASPHO meeting materials -*please submit a company logo and a 50-word description of the program electronically to [mpaulson@aspho.org](mailto:mpaulson@aspho.org) with request form.*

**Contact information:**

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

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

Address \_\_\_\_\_

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

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

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

**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: \_\_\_\_\_

Return this form to: Mary Paulson, ASPHO Manager, Professional Relations  
American Society of Pediatric Hematology Oncology- 8735 W. Higgins Road, Suite 300, Chicago, IL 60631  
TEL: 847/375-4803 FAX: 888/374/7259 email: [mpaulson@aspho.org](mailto:mpaulson@aspho.org)