



**ASPHO Non-CE Program
Request Form
Annual Meeting**

May 2 - 5, 2018

David L. Lawrence Convention Center
Pittsburgh, PA

*Request Forms are due by **September 25, 2017** to be included in the registration brochure.*

NON-CE PROGRAM*

- Lunch– Wednesday, May 2nd (\$40,000) 90 minutes
- Lunch– Thursday, May 3rd (\$30,000**) 60 minutes
- Dinners – Wednesday & Thursday May 2nd & 3rd (\$40,000) 90 minutes

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 program. *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 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