Industry Relations Council Application

ASPHO Industry Relations Council (IRC) is available to organizations that support the goals and mission of ASPHO and provide products or services used in the area of pediatric hematology/oncology. Membership is for one year. This is a non-voting membership with benefits extended to a single corporate-designated representative.

ASPHO Industry Relations Council is available at these levels:

- **Associate Level** $7,500
- **Executive Level** $15,000
- **Premier Level** $30,000

Organization: _______________________________________________________________________

Designated representative: _______________________________________________________________________

Title: _______________________________________________________________________________

Address: ____________________________________________________________________________

City/State/ZIP: _________________________________________________________________________

Phone: ___________________________ Fax: ___________________________

E-mail address: _________________________________________________________________________

Website address (URL): ________________________________________________________________

Submitted by: _____________________________ Date: _______________________

**Description:** Please e-mail a 50 word description of your organization and a corporate logo (.PDF and .EPS version) to be used in ASPHO’s publications and on its website to rpfrey@ASPHO.org.

**Payment (in U.S. funds only):** Check payable to American Society of Pediatric Hematology/Oncology (ASPHO). Membership dues are not deductible as a charitable contribution or for tax purposes. Membership dues may be deductible as an ordinary and necessary business expense. (A 3% service charge will be added to the total for credit card payments that exceed $5,000.)

**Email/Fax or Mail application to:**
American Society of Pediatric Hematology/Oncology (ASPHO)  
Rob Frey, Sales Manager  
8735 W. Higgins Road, Suite 300, Chicago, IL 60631  
Fax 888-374-7259.  
rpfrey@ASPHO.org.  
www.ASPHO.org

☐ Check #________________

Credit Card Info:

CC Number: ___________________________ Exp. Date: ________________

Signature: _________________________________________________________________________

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