

January 22, 2019

Dear Exhibitor:

The Stephenson Cancer Center welcomes you as an exhibitor at the Post American Society of Hematology (ASH) Meeting Update. We are striving to make this symposium a rewarding experience for you and your company!

This letter contains information that will be helpful to you. Please read through the information and use it as a source of reference throughout the day.

As an exhibitor, you are allowed to attend the CME accredited sessions as an observer only. You are not allowed to ask or answer questions or make any comments.

Please remember that all exhibit materials and “giveaways” must be kept at your table and cannot be distributed at the registration table, in or around the education room or in or around the meal and break area.

Post ASH Update Meeting Update Exhibits

May 11, 2019

Stephenson Cancer Center

800 NE 10th Street

Oklahoma City, OK 73104

Map: [HERE](#)

Parking will be available at no cost. Please park in the attached parking garage on floors 1-3. Gates should be open; thus no ticket or code will be necessary to enter or exit.

The Exhibit area is located on the 5th floor. Exhibit hall hours are from 7:30am to 1:30pm (all exhibits must be set up by 7:15am).

Times allotted in the program for exhibits are:

7:30am to 8am

9:45am to 10:00am

11:45am to 1:00pm

At the conclusion of the meeting, exhibitors may begin dismantling their exhibits.

It is our goal to make your participation in this year’s conference both successful and enjoyable. If you require additional information, please visit the registration desk.

We look forward to seeing you at the meeting.

Sincerely,



Stevie D. Warner, MHR

Program Coordinator

Education, Training, & Career Development Core

Stephenson Cancer Center

405-271-2537

Stevie-Warner@ouhsce.edu

Exhibitor Application Agreement
Post American Society of Hematology Meeting Update, Course #19011

Please complete this agreement and mail it with payment information to the address at the bottom of the form.

Exhibitor Fees: (\$1000 - includes table, breakfast, lunch, 2 booth attendees, \$50 for additional booth attendees)

Exhibit Dates and Hours
(May 11, 2019 from 7:30am to 1:30pm)

Company/Exhibit Name: _____

Exhibit Description: _____

Name(s) of On-Site Representative(s): (Please print)

Name 1: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Fax: _____ Email: _____

Name 2: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Fax: _____ Email: _____

This application constitutes an understanding and agreement to comply with the exhibit instructions as stated in the exhibit letter. I/we authorize the Stephenson Cancer Center to reserve space for this exhibit under contract with the Stephenson Cancer Center for the Post American Society of Hematology Meeting Update on March 9, 2019.

AGREED TO EXHIBIT:

Name: _____ Signature: _____ Date: _____

*Please make checks payable to OUHSC/CPD. Return Exhibitor Application Agreement and payment by March 1, 2019, to secure your exhibit space to:

The University of Oklahoma College of Medicine
Office of Continuing Professional Development,
P.O. Box 26901, AAT 4000, Oklahoma City, OK 73126-0901
Phone: (405) 271-2350 or Fax (405) 271-3087
Federal Tax ID # 73-156-3627

Payment by credit card, please check one of the following:

We accept: Visa Master Card Discover

Amount \$ _____ Card Number _____ Expiration Date _____

Signature _____ Today's Date _____

Name (as it appears on card): Please

Print _____

Please keep a copy of this form for your files.