

ONS 42nd Annual Congress

2017 Symposia and Theater Presentation Application

SmithBucklin
330 N. Wabash Ave.
Chicago, IL 60611

Questions?
Contact Our Sales Managers

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Sponsoring Company Contact Information

Sponsoring company _____
Contact name _____
Address _____
City _____ State _____ Zip _____
Email _____
Website _____ Phone _____

Third-Party Logistics Contact Information

Third-party logistics company _____
Contact name _____
Address _____
City _____ State _____ Zip _____
Email _____
Website _____ Phone _____

CNE/Non-CNE Symposia

Please indicate your first, second and third choice for date and time. Times are tentative.

Expected attendance: _____
Presentation topic: _____
Total number of symposia _____ Total cost _____

Thursday, May 4, 2017

____ 6-7:30 am • \$35,000 ___ CNE ___ Non-CNE
____ 12:15-1:45 pm • \$38,500 ___ CNE ___ Non-CNE
____ 6-7:30 pm • \$35,000 ___ CNE ___ Non-CNE

Friday, May 5, 2017

____ 6-7:30 am • \$35,000 ___ CNE ___ Non-CNE
____ 12:15-1:45 pm • \$38,500 ___ CNE ___ Non-CNE
____ 6-7:30 pm • \$35,000 ___ CNE ___ Non-CNE

Saturday, May 6, 2017

____ 6-7:30 am • \$35,000 ___ CNE ___ Non-CNE
____ 12:15-1:45 pm • \$38,500 ___ CNE ___ Non-CNE
____ 7-8:30 pm • \$35,000 ___ CNE ___ Non-CNE

Sunday, May 1, 2016

____ 6-7:30 am • \$25,000 ___ CNE ___ Non-CNE

Off-premises non-CNE dinner symposia • \$10,000

These can be held only during the designated dates and times listed above and must be approved in writing by ONS. Access fee excludes A/V. Specify day requested: _____

Learning Hall Theater Presentations

Four theaters that seat 130 people are available in each time slot. The access fee is \$15,000/time slot. Please indicate your first, second, and third choice.

Presentation topic: _____

Total number of presentations _____ Total cost _____

Thursday, May 4, 2017

____ 11:15 am-12:15 pm
____ 1:45-2:45 pm

Friday, May 5, 2017

____ 11:15 am-12:15 pm
____ 1:45-2:45 pm

Saturday, May 6, 2017

____ 11:15 am-12:15 pm
____ 1:45-2:45 pm

Submit Your Payment

Meeting space confirmations will not be issued until payment is received.

- Invoice Sponsoring Company
 Invoice Third Party

**Send Check payable to ONS
(tax ID #51-0183279) to**

**Oncology Nursing Society Exhibits
P.O. Box 3500
Pittsburgh, PA 15230**

Terms of Agreement

- We agree to abide by all rules and regulations governing the ONS 42nd Annual Congress which are part of this application. Acceptance of this application by show management constitutes a contract.

Date _____

Authorized signature* (required) _____

Name/title (please print) _____

** Signature must come from sponsoring company. Sponsoring company is liable for the contracted total.*

Submit Your Contract

Email or fax this application to jshupe@smithbucklin.com or astrombeck@smithbucklin.com or ahaigh@smithbucklin.com or 312-673-6580 (fax). Do not mail contracts.