



**Pennsylvania Society of Oncology and Hematology
2008 Annual Scientific Meeting
Wyndham Gettysburg Hotel
Gettysburg, PA**

September 19 & 20, 2008

EXHIBIT RESERVATION FORM

Company Name _____
Contact Name _____ Email: _____
Address: _____
City, State, Zip _____
Telephone: _____ Fax: _____

Your company will receive recognition in the final program brochure, PSOH newsletter, PSOH website and signage at the meeting.

Educational Grants

PSOH will accept educational grants provided the grant application is completed by the PSOH administrative staff. **Educational Grants DO NOT INCLUDE exhibit tables**; if you would like to exhibit, you must submit separate payment for an exhibit table. All grants must be fully executed by **September 10, 2008**.

The URL for our grant application is: _____

Exhibit Options:

- 6 ft exhibit table, \$1,200 My company is a corporate member, we will be exhibiting at the meeting, no charge.
- Yes, an electrical outlet will be needed at my table **PSOH Tax ID# is 22-2464542**

Representatives Attending:

	<u>Name</u>	<u>E-mail</u>
1	_____	_____
2	_____	_____
3	_____	_____

If possible, please do not place our exhibit next to the following companies:

We understand and agree to follow the policies of the **STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION** in support of the PSOH 2008 Annual Scientific Meeting.

Authorized Signature _____ Date _____ Total Enclosed _____

Please charge the total due to my Visa or MasterCard number _____ Exp. Date _____

Signature of card holder: _____

**Please return this form by September 10, 2008 to:
Diane Langner, PSOH Meeting Manager
777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820
(717) 909-2691/Fax (717) 558-7841/dlangner@pamedsoc.org**