

SmithBucklin
330 N. Wabash Ave.
Chicago, IL 60611

Questions?
Contact Our Sales Managers

Sarah Appleton
sappleton@smithbucklin.com
312-673-4920 (phone)

Jennifer Shupe
jshupe@smithbucklin.com
312-673-5742 (phone)

1. Exhibiting Company Contact Information (List as you would like it to appear in all materials.)

Company name _____
 Contact name _____
 Title _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
 Website _____ Phone _____

Third-Party Logistics Contact Information (if applicable)

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

2. Select Your Booth Type

ONS Congress Booth includes ONS Bridge virtual booth package; ONS Bridge will take place in September, dates TBD.

Silver Level Commercial: \$4,000
 Silver Level Hospital Nurse Recruitment: \$3,500
 Silver Level Patient Advocacy*: \$1,250
 Gold Level: \$8,000
 Platinum Level: \$16,000

*Must qualify as patient advocacy organization and submit proof of 501(c) (3) status. See Patient Advocacy Exhibit Rate section in the linked rules and regulations.

3. Submit Your Payment

Invoice Exhibiting 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

4. Submit Your Application

Please email this application to sappleton@smithbucklin.com.
Do not mail applications.

ONS Rules and Regulations

ONS Rules and Regulations can be found in the following URL: <https://www.onssponsorships.org/rules-and-regulations>

By submitting this application or by sponsoring or exhibiting at ONS Bridge, the sponsoring company (and any third-party agency submitting this application for or on behalf of the sponsoring company) agrees and intends to be legally bound to the Rules and Regulations for Exhibits and Sponsors, which are available at <https://www.onssponsorships.org/rules-and-regulations> and which are incorporated herein by reference (the "Rules and Regulations"). By submitting this application, the sponsoring company is liable for the contracted amount. Failure to make payment does not relieve the sponsoring company from its obligation to pay the contracted amount. ONS reserves the right to reject an application or deny benefits and privileges for failure to make timely payment.

Authorized Company Representative
(Print Name and Title)

Name: _____

Title: _____

Authorized signature (required)*

Date

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

View the ONS Congress and ONS Bridge Exhibitor Benefits:
<https://www.onssponsorships.org/become-an-exhibitor>

Payments/Refunds: The Organization shall pay all fees when it submits its application. If the Organization applies but fails to pay in full, the Organization remains liable for all applicable fees. Except as expressly stated in these Rules, all sales are final, and fees are noncancellable and nonrefundable. Checks should be made payable to ONS and mailed to Oncology Nursing Society Exhibits, P.O. Box 3500, Pittsburgh, PA 15230-3500. The Organization is solely responsible for all taxes in connection with its application and exhibitor or sponsorship privileges, as applicable, as well as all costs and expenses appropriate or necessary for the Organization to enjoy the benefits of its privileges, including costs and expenses for travel, lodging, equipment, and internet access.