

# 47th Annual ONS Congress

## 2022 Symposia and Theater Presentation Application



SmithBucklin  
330 N. Wabash Ave.  
Chicago, IL 60611

Questions? Contact the ONS Sales Team  
ons@smithbucklin.com

April 27 - May 1, 2022 | Anaheim, CA

### 1. Sponsoring Company Contact Information

Sponsoring Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. Third-Party Logistics Contact Information

Third-Party Logistics Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_ Phone: \_\_\_\_\_

### 3. NCPD/Non-NCPD Symposia

Please indicate your first, second, and third choice for date and time.  
Times are tentative. Invoiced fee is dependent on final assigned timeslot.

Expected attendance: \_\_\_\_\_  
Presentation topic\*: \_\_\_\_\_  
Total Number of Symposia: \_\_\_\_\_ Total Cost: \_\_\_\_\_

For NCPD Symposia, please list all educational grant supporters:

#### Wednesday, April 27, 2022

\_\_\_\_\_ 11:15 am – 12:45 pm • \$38,500 NCPD Non-NCPD  
\_\_\_\_\_ 6 – 7:30 pm • \$35,000 NCPD Non-NCPD

#### Thursday, April 28, 2022

\_\_\_\_\_ 6 – 7:30 am • \$35,000 NCPD Non-NCPD  
\_\_\_\_\_ 12:15 pm – 1:45 pm • \$38,500 NCPD Non-NCPD  
\_\_\_\_\_ 6 – 7:30 pm • \$35,000 NCPD Non-NCPD

#### Friday, April 29, 2022

\_\_\_\_\_ 6 – 7:30 am • \$35,000 NCPD Non-NCPD  
\_\_\_\_\_ 12:15 pm – 1:45 pm • \$38,500 NCPD Non-NCPD  
\_\_\_\_\_ 6 – 7:30 pm • \$35,000 NCPD Non-NCPD

#### Saturday, April 30, 2022

\_\_\_\_\_ 6 – 7:30 am • \$35,000 NCPD Non-NCPD  
\_\_\_\_\_ 12:15 pm – 1:45 pm • \$38,500 NCPD Non-NCPD  
\_\_\_\_\_ 6 – 7:30 pm • \$35,000 NCPD Non-NCPD

#### Sunday, May 1, 2022

\_\_\_\_\_ 6 – 7:30 am • \$35,000 NCPD Non-NCPD

\_\_\_\_\_ Off-premises non-NCPD 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: \_\_\_\_\_

### 4. Learning Hall Theater Presentations

Four theaters that seat 100 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 April 28, 2022

\_\_\_\_\_ 11:15 am – 12:15 pm  
\_\_\_\_\_ 1:45 pm – 2:45 pm

#### Friday, April 29, 2022

\_\_\_\_\_ 11:15 am – 12:15 pm  
\_\_\_\_\_ 1:45 pm – 2:45 pm

#### Saturday, April 30, 2022

\_\_\_\_\_ 11:15 am – 12:15 pm  
\_\_\_\_\_ 1:45 pm – 2:45 pm

**\*PRESENTATION TOPIC MUST BE PROVIDED BEFORE A ROOM OR TIMESLOT WILL BE ASSIGNED. (E.G. BREAST CANCER)**

### 5. Submit Your Payment

Invoice Sponsoring Company

Invoice Third Party

#### Billing Information:

Billing Contact (Full Name): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email this application to ons@smithbucklin.com. Do not mail contracts.

### 6. Terms of Agreement

By submitting this application or by sponsoring or exhibiting at ONS Congress, 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 Exhibitors and Sponsors, which are available at [onsponsorships.org/rules-and-regulations](https://onsponsorships.org/rules-and-regulations) and which are incorporated herein by reference (the "Rules"). The Rules cannot be modified by printed or handwritten additions, deletions, changes, or strikethroughs; any purported modifications inconsistent with the Rules as stated on [congress.ons.org](https://congress.ons.org) will be voidable by ONS. 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: \_\_\_\_\_ Date: \_\_\_\_\_

#### Authorized signature (required)\*

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