

Pennsylvania Society of Oncology & Hematology

2019 Corporate Membership Application
(January 1, 2019 – December 31, 2019)

Company Name:

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Website: _____

Contact Name:

Address if different than above: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Exhibit Table Contact Name:

Phone: _____

Email: _____

Membership Contribution Levels:

\$10,000

- Exclusive Networking Event with PSOH Board at Annual Meeting
- First Choice of Table Placement participation for 5 representatives at Annual Meeting
- Work with legislative initiatives
- Opportunity to survey members (based on Board approval)
- Distribution of priority company information (i.e. FDA approvals) to active members
- Company logo on the PSOH website and link to company website
- Access to members only side of PSOH website
- Included on email communications to active members

\$ 5,000

- Table Placement Selection prior to general exhibitor assignments, and Participation for 4 representatives at Annual Meeting
- Work with legislative initiatives
- Opportunity to survey members (based on Board approval) – **once per year**
- Distribution of priority company information (i.e. FDA approvals) to active members – **three times per year**
- Company logo on the PSOH website
- Access to members only side of PSOH website

Payment Information: Mail check made payable to PSOH

Discover MasterCard Visa American Express

Card # _____

Expiration Date: _____

Security Code: _____

Cardholders Name: _____

Billing Address: _____

Authorized Signature

Date

Print Name

Title