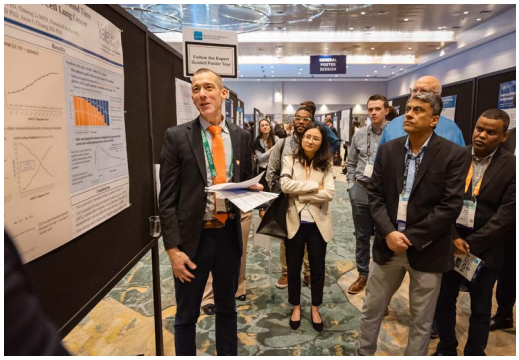
NCCN

Annual 2027 Conference

application deadline
Friday, January 22, 2027
NCCN.org/conference

Friday, March 19 –
Sunday, March 21, 2027
Hilton San Diego Bayfront
San Diego, CA

Sponsor & Exhibitor Prospectus



Published July 31, 2026

In-person & Virtual Formats

CONFERENCE DATES

Friday, March 19 —
Sunday, March 21, 2027
Hilton San Diego Bayfront
San Diego, CA

EXHIBIT HALL DATES

Friday, March 19 —
Saturday, March 20, 2027

APPLICATION DEADLINE

Friday, January 22, 2027

APPLICATION FORMS INCLUDED

- Commercial Sponsorships
- Exhibit Space
- Reimbursement Resource Room Participation
- Advocacy Pavilion Sponsorship
- Headshot Photo Station Sponsorship
- Product Theater Presentations
- Advertising and Door Drop Insertion Order

INFORMATION

exhibits@nccn.org

NCCN 2027 Annual Conference

The NCCN 2027 Annual Conference and related activities will be held as hybrid events on March 19 – 21, 2027 to include live in-person sessions and a virtual option. The live sessions will be held at the Hilton San Diego Bayfront, San Diego, CA and simultaneously, a virtual platform will be provided where certain activities/sessions will be offered for remote attendance.

Attendance

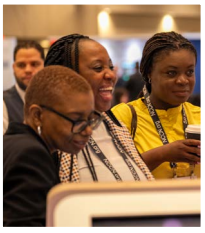
The NCCN 2027 Annual Conference is projected to attract more than 1,450 (1,100 in-person and 350 virtual) attendees from across the United States and the globe including oncologists (in both community and academic settings), oncology fellows, nurses, pharmacists, patient advocates, and other health care professionals involved in the care of people with cancer.

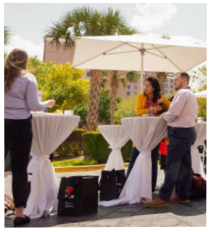
Agenda

The Conference features three days of educational sessions where respected opinion leaders from NCCN Member Institutions present the latest cancer therapies and provide updates on selected NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), the data upon which the NCCN Guidelines® are based, and quality initiatives in oncology. Topics change annually but focus on the major cancers and supportive care areas. The Conference also includes case study discussion forums with experts from NCCN Member Institutions and roundtable discussions featuring the foremost professionals from the academic, patient advocacy, government, payer, industry, and business realms of cancer care.

Networking

Over the course of the conference, attendees have many opportunities to participate in exciting networking events and dynamic small group sessions.





PAST NCCN CONFERENCE EXHIBITORS

Acrotech Biopharma, Inc.
Astellas
AstraZeneca
BeiGene
CVS Specialty
Daiichi Sankyo, Inc.
ECG Management Consultants
Eisai
Eli Lilly and Company
EMD Serono
Fennec Pharmaceuticals
Foundation Medicine
Genmab
Geron
Incyte
InformedDNA
Jazz Pharmaceuticals
Johnson & Johnson
Karyopharm Therapeutics, Inc.
Kite, A Gilead Company
LeanTaaS
Mayo Clinic*
Merck & Co., Inc.
Moffitt Cancer Center*
Novartis Pharmaceuticals Corporation
ONCOassist
Oncology Nutrition - Registered Dietitians / Nutritionist
OneOme
Oxford BioDynamics
Pfizer Oncology
PharmaEssentia
PreciseDX
Regeneron
Roswell Park Comprehensive Cancer Center*
Servier Pharmaceuticals
SkinCure Oncology
Stemline, a Menarini Group Company
Sun Pharma
Taiho Oncology

* NCCN Member Institution

AGENDA
For the most up-to-date version of the Conference agenda, please visit: NCCN.org/conference.

ATTENDEE LIST
NCCN does not rent or share the registration or attendee lists.

GENERAL POSTER SESSIONS
NCCN will host general poster sessions on Friday, March 19 and Saturday, March 20.

Published July 31, 2026

Commercial Sponsor Levels

NCCN is pleased to invite organizations to be commercial sponsors of the NCCN 2027 Annual Conference. Sponsor levels are Platinum, Gold, Silver, and Bronze. Reach your key audience of NCCN attendees by increasing visibility and supporting NCCN through these opportunities.

	Bronze $25,000	Silver $50,000	Gold $75,000	Platinum $100,000
• Recognition listing on NCCN.org/conference home page with link to sponsor-provided website.	●	●	●	●
• Recognition listing with link to sponsor-provided website under Sponsor tab on virtual meeting platform.	●	●	●	●
• Complimentary Registrations for the NCCN 2027 Annual Conference	2	4	6	8
• Complimentary Custom Ad in NCCN Exhibit Guide in both print and digital formats	1 page	2 pages	3 pages	4 pages
• Recognition listings included in pre-Conference emails and Exhibit Guide.	●	●	●	●
• Preferential placement of Exhibit (purchased separately) in Exhibit Hall	●	●	●	●
• Recognition listing included on printed materials during in-person event: • Banner Signage • Full Page Listing in Exhibit Guide • Insert in Door Drop Bag (NCCN provided) • Table Tent in Exhibit Hall	●	●	●	●

Additional Sponsor Offerings

NCCN is pleased to invite organizations to sponsor wellness/lifestyle activities and events at the NCCN 2027 Annual Conference. These sponsorships vary and can be tailored. Benefits and recognition will increase with each level:

- Food and Beverage Sponsorships
- Wellness Sponsorships
- Zen Den Sponsorship

Please email: exhibits@nccn.org for costs and more information.

Exhibitor Information

Exhibitor Schedule*

Exhibitor Registration and Set-up Hours	Thursday, March 18, 2027	11:00 AM – 5:00 PM
Exhibit Hall Dates and Hours	Friday, March 19, 2027 Saturday, March 20, 2027	7:30 AM – 3:35 PM 7:30 AM – 3:30 PM
Exhibit Dismantling	Saturday, March 20, 2027	3:45 PM – 8:00 PM

* Times subject to change.

Exhibit Hall Location

Hilton San Diego Bayfront
TBD
San Diego, CA

Space Assignment

Space is assigned as applications are received. Sponsors and Corporate Council Members are given premium exhibit placement.

Registration Deadline

Deadline to reserve space is Friday, January 22, 2027 or until spaces are filled.

Exhibit Set-up

Exhibit Hall set-up is limited to one day, Thursday, March 18, 2027 from 11:00 AM to 5:00 PM. Please plan accordingly and consider booth design and assembly needed so that all set-up is completed promptly by 5:00 PM on Thursday, March 18, 2027.

Booth Activity

NCCN must be informed of and approve any intent to conduct a drawing, provide a demonstration, distribute free samples or any other activity to take place during exhibit hours. Submit requests to exhibits@nccn.org by Friday, January 22, 2027.

Payment

Method of payment must be indicated on exhibit space applications. Full payment must be received (30) days prior to exhibit date.

Cancellation

For a full refund, notification of space cancellation must be received in writing on or before December 31, 2026.

Refund Schedule

Through December 31, 2026	Full Refund
January 1 – January 31, 2027	50% Refund
After January 31, 2027	No Refund

Why You Should Reserve Space in the NCCN Annual Conference Exhibit Hall

Published July 31, 2026

Exhibits

Size	Annual Conference Registrations*	Exhibit Hall Only Registrations**	Cost
10' x 10' Booth	(6)	(4)	$7,800
10’ x 20’ Booth	(8)	(5)	$15,600
10’ x 30’ Booth	(10)	(6)	$23,400

* Annual Conference registrations include full access to educational sessions and all Conference features.

** Exhibit Hall Only (EHO) registrations are generously provided to all exhibitors for personnel who will be setting up, staffing, or dismantling a booth. EHO badges do not provide access to educational sessions. All attendee badges are electronically scanned as attendees enter a session room. If, during the Conference, an EHO badge holder wishes to attend a session, they can visit the Registration counter where their registration will be upgraded to a Full Conference Attendee with appropriate fees applied.

All Conference Attendees and Exhibit Hall Only Attendees must be 21 years of age or older.

Exhibit Hall Includes

Exhibit Booths: Standard and custom displays ranging in size from 10’ x 10’ to 10’ x 30’ inline booths. This event will not include island booths.

Reimbursement Resource Room: A designated section where companies provide information about reimbursement and patient assistance programs with tabletop displays.

Product Theater: A designated section with seating for these non-CE promotional presentations.

Patient Advocacy Pavilion: An area for advocacy groups to exhibit and provide patient information.

General Poster Sessions: Posters are displayed according to daily schedules.

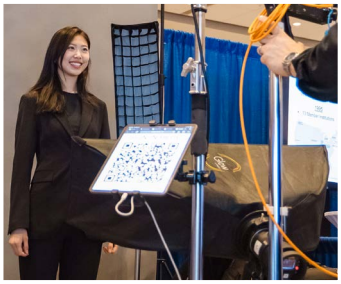
NCCN and NCCN Foundation Booth: Attendees visit to learn about programs, enter to win prizes, and receive free giveaways. Attendees can complete surveys on issues concerning oncology practice.

Exhibitor Passport Participation: Attendees are encouraged to visit (6) booths to complete their passport. They can then receive a free NCCN-branded item.

Food and Beverage: Breakfasts, lunches, and break refreshments are served buffet style. All food and beverage is provided by NCCN.

Exhibitors Receive

- A digital profile is included with the purchase of physical exhibit space. Features of the virtual exhibit will be provided.
- Complimentary Conference Registrations based on exhibit size (see chart above).
- Food and beverage for breakfasts, lunches, and breaks on Friday and Saturday.
- Pipe and drape configuration including back and side curtains.
- One (1) identification sign, one (1) 6’ draped table, two (2) chairs, and one (1) trash can.
- A 100-word company description, placement on floor plan listing, and discounted advertising rates in the printed and digital versions of the NCCN Exhibit Guide.
- Fully carpeted Exhibit Hall.
- Free WiFi is provided in the Exhibit Hall.



Housing Information

NCCN Rooming Block Information

NCCN has a room block reserved at the Hilton San Diego Bayfront. For information on reserving a room, please visit: NCCN.org/conference.

Room Block Deadline

TBD

Important Announcement Regarding Hotel Accommodations for the NCCN Annual Conference

It has come to the attention of NCCN that in the past, fraudulent reservation companies have approached our supporters, exhibitors, and conference attendees with offers of hotel rooms at discounted rates. These companies are in no way affiliated with NCCN or the Hilton San Diego Bayfront nor are they often legitimate companies. Please do not share your personal or financial information with these companies, or proceed with booking any reservations for the NCCN Annual Conference through these companies.

NCCN is the only organization that can reserve your room at the Hilton San Diego Bayfront for our conference within our discounted room block. Booking through NCCN ensures a legitimate reservation and that your credit card and personal information is secure.

If you are contacted by anyone asking if you need a room reservation for the NCCN Annual Conference, or if they represent themselves as the "NCCN housing provider," please get their information and contact the NCCN Conferences and Meetings Department immediately at conferences@nccn.org.

NCCN cannot be held responsible for guests choosing accommodations outside of our official room block. If you have been contacted by email, fax, or phone by someone other than an NCCN Staff member about making your hotel reservation, please let us know immediately.

Blackout Times

NCCN requests that all sponsors, exhibitors, or non-sponsors respect the intent of this event. Therefore, any non-NCCN events, whether on the event property or off-premises but within the city limits, that might potentially draw participants from registered attendees, faculty, or speakers of the NCCN 2027 Annual Conference are prohibited.

NCCN appreciates the understanding and cooperation of all entities involved. The blackout times for this event are **Thursday, March 18, 2027** beginning at 8:00 AM to **Sunday, March 21, 2027** ending at 5:00 PM. Thank you.

Commercial Sponsor Application & Contract

SPONSOR INFORMATION (PLEASE TYPE OR PRINT CLEARLY) **DATE** _____

Organization _____

Contact Name _____

(Name of person who will be responsible for the sponsorship and will receive all future correspondence.)

Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email *(Required)* _____

Signature required for contract _____

FOR AGENCY ONLY (IF PURCHASING ON BEHALF OF ANOTHER COMPANY)

Client Name _____

(Person authorizing the agency to purchase this sponsorship.)

Company Name _____

Email *(Required)* _____

RECOGNITION INFORMATION

Sponsor Name _____

(Use upper and lower case letters exactly as you want your organization's name to appear on Conference materials.)

Company Website _____

(Provide URL to link to company name for virtual placements.)

SPONSOR LEVELS

- ☐ $25,000 — Bronze Level
- ☐ $50,000 — Silver Level
- ☐ $75,000 — Gold Level
- ☐ $100,000 — Platinum Level

Total: $_____

PAYMENT INFORMATION

- ☐ Please send an invoice
- ☐ Wire transfer
- ☐ Check. *Please make checks payable to:* National Comprehensive Cancer Network (NCCN), 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462, Attn: Accounting Department
- ☐ Credit Card: ☐ American Express ☐ Discover Card ☐ MasterCard ☐ Visa

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date _____ Security Code: _____

Signature _____ Date _____

NCCN may charge the credit card for the amount as indicated above.

☐ Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions:

_____

_____

INSTRUCTIONS

Reserve your sponsorship by completing this form and submitting it by Friday, January 22, 2027.

You will receive an email confirming receipt of your application and details concerning your sponsorship.

Send completed application to:

Jennifer Tredwell, MBA
Senior Vice President, Marketing and Communications
3025 Chemical Road
Suite 100
Plymouth Meeting, PA 19462
Phone: 215.690.0274
exhibits@nccn.org

PAYMENT

Method of payment must be indicated on this application. Full payment must be received (30) days prior to the Exhibit date.

CANCELLATION

For a full refund, notification of space cancellation must be received in writing on or before Dec. 31, 2026.

REFUND SCHEDULE

Through Dec. 31, 2026:
Full refund

Jan. 1 - Jan. 31, 2027:
50% refund

After Jan. 31, 2027:
No refund

Published July 31, 2026

Exhibit Space Application & Contract 1 of 2

For Live (In-person) Exhibit Space and Digital Profile

SPONSOR INFORMATION (PLEASE TYPE OR PRINT CLEARLY) **DATE** _____

Organization _____

Contact Name _____

(Name of person who will be responsible for the sponsorship and will receive all future correspondence.)

Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email *(Required)* _____

Signature required for contract _____

FOR AGENCY ONLY (IF PURCHASING ON BEHALF OF ANOTHER COMPANY)

Client Name _____

(Person authorizing the agency to purchase this sponsorship.)

Company Name _____

Email *(Required)* _____

PROMOTIONAL INFORMATION

Organization Name for Conference Materials _____

(Use upper and lower case letters exactly as you want your organization's name to appear on Conference materials and signage.)

BOOTH ACTIVITY

Please provide information on any drawing, demonstration, or other activity to take place in your booth.

_____

SPACE RESERVATIONS

- ☐ $2,500 — Nonprofit Only: 10' x 10' Exhibitor Space + Digital Profile
- ☐ $7,800 — 10' x 10' Exhibitor Space + Digital Profile
- ☐ $15,600 — 10' x 20' Exhibitor Space + Digital Profile
- ☐ $23,400 — 10' x 30' Exhibitor Space + Digital Profile

Total: $_____

PAYMENT INFORMATION

- ☐ Please send an invoice
- ☐ Wire transfer
- ☐ Check. *Please make checks payable to:* National Comprehensive Cancer Network (NCCN), 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462, Attn: Accounting Department
- ☐ Credit Card: ☐ American Express ☐ Discover Card ☐ MasterCard ☐ Visa

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date _____ Security Code: _____

Signature _____ Date _____

NCCN may charge the credit card for the amount as indicated above.

- ☐ Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions:

_____

INSTRUCTIONS

1. Apply for exhibit space by completing this form and submitting it by Friday, January 22, 2027.

2. You will receive an email confirming receipt of your application and registration information for the NCCN 2027 Annual Conference.

3. You will receive a Show Service Kit with exhibit details 6 weeks before the NCCN 2027 Annual Conference. The floor plan with booth numbers will be available at this time.

4. Information on virtual features will follow.

Send completed application to:

Jennifer Tredwell, MBA
Senior Vice President, Marketing and Communications
3025 Chemical Road
Suite 100
Plymouth Meeting, PA 19462
Phone: 215.690.0274
exhibits@nccn.org

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50% refund

After Jan. 31, 2027:
No refund

Continued next page.

Published July 31, 2026

Exhibit Space Application & Contract 2 of 2

For Live (In-person) Exhibit Space and Digital Profile

FIRE AND SAFETY REGULATIONS

As an exhibitor, you must comply with safety, fire, and health ordinances that apply to the City of San Diego, State of California. All displays, exhibit materials, and equipment must be reasonably located and protected by safety guards and fireproofing to prevent fire hazards and accidents. Electrical wiring must conform to all federal, state, and municipal government requirements and to National Electrical Code Safety Rules.

AUXILIARY AIDS OR SERVICES

In compliance with the Americans with Disabilities Act (ADA), NCCN wishes to ensure that no individual with a disability is excluded, denied services, or otherwise treated differently from other individuals. Each exhibitor shall be responsible for compliance within its exhibit space, including the provision of auxiliary aids and services needed.

LIABILITY

Each exhibitor assumes the entire responsibility and hereby agrees to protect, defend, indemnify, and save NCCN and Hilton San Diego Bayfront, its owners, its operator, and each of their respective parents, subsidiaries, affiliates, employees, officers, directors, and agents harmless against all claims, losses, or damages to persons or property, governmental charges or fines and attorney's fees arising out of or caused by its installation, removal, maintenance, occupancy, or use of the Exhibit premises or a part thereof.

INSURANCE

NCCN and the Hilton San Diego Bayfront will not be liable for damage or loss to the exhibitor's property through theft, fire, accidents, or any other cause. NCCN and Hilton San Diego Bayfront will not assume liability for any injury that may occur to visitors, exhibitors or their agents, employees, or others. Exhibitors shall obtain and keep in force during the term of the installation and use of the exhibit premises, policies of Comprehensive General Liability Insurance, and Contractual Liability Insurance, insuring and specifically referring to the Contractual liability, in an amount not less than $2,000,000 Combined Single Limit for personal injury and property damage.

NCCN and Hilton San Diego Bayfront shall be included in such policies as additional insureds. In addition, the exhibitor acknowledges that neither NCCN nor the Hilton San Diego Bayfront, its owners, or its operator maintains insurance covering exhibitor's property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance insuring any losses by the exhibitor.

To register for this conference, please sign below acknowledging on behalf of you and your company that you have received and read the attached terms and accept and agree to be bound by these terms as a condition to the registration.

Signature _____

Date _____

Full Name _____

E-Mail _____

Organization Name _____

Reimbursement Resource Room 1 of 2

Tabletop Exhibit and Virtual Features

NCCN will have a dedicated Reimbursement Resources section in the front of the Exhibit Hall for attendees to visit and learn about reimbursement help and services. Participation is a year-long sponsorship and includes:

- A tabletop display with (6) full Conference registrations and (4) Exhibit Hall Only registrations.
- A listing in both the print and digital versions of the NCCN Exhibit Guide.
- A year-long placement on the NCCN Reimbursement Resources App.
- A year-long placement on the NCCN Virtual Reimbursement Resource Room section of NCCN.org, available at NCCN.org/reimbursement.

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY) **DATE** _____

Organization _____

Contact Name _____

(Name of person who will be responsible for the sponsorship and will receive all future correspondence.)

Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email *(required)* _____

Signature required for contract _____

PROMOTIONAL INFORMATION

Organization Program Name for Conference Materials _____

_____

(Use upper and lower case letters exactly as you want your organization's name to appear on Conference materials.)

REIMBURSEMENT RESOURCE ROOM RESERVATION

☐ $5,500 — Virtual only features and Full Year on NCCN.org/reimbursement

or

☐ $10,500 — Tabletop Exhibit and Virtual features with Full Year on NCCN.org/reimbursement

Total: $_____

PAYMENT INFORMATION

☐ Please send an invoice

☐ Wire transfer

☐ Check. *Please make checks payable to:* National Comprehensive Cancer Network (NCCN), 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462, Attn: Accounting Department

☐ Credit Card: ☐ American Express ☐ Discover Card ☐ MasterCard ☐ Visa

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date _____ Security Code: _____

Signature _____ Date _____

NCCN may charge the credit card for the amount as indicated above.

☐ Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions:

_____

INSTRUCTIONS

1. Complete and submit this form to apply for participation in the NCCN Reimbursement Resource Room by Friday, January 22 2027.

2. You will receive an email confirming receipt of your application and registration information.

3. Upon receipt of this application, information regarding the virtual features will be provided.

Send completed application to:

Jennifer Tredwell, MBA
Senior Vice President, Marketing and Communications
3025 Chemical Road
Suite 100
Plymouth Meeting, PA 19462
Phone: 215.690.0274
exhibits@nccn.org

PAYMENT

Method of payment must be indicated on this application. Full payment must be received (30) days prior to the Exhibit date.

CANCELLATION

For a full refund, notification of space cancellation must be received in writing on or before Dec. 31, 2026.

REFUND SCHEDULE

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Full refund

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No refund

Continued next page.

Published July 31, 2026

Reimbursement Resource Room 2 of 2

Tabletop Exhibit and Virtual Features

FIRE AND SAFETY REGULATIONS

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In compliance with the Americans with Disabilities Act (ADA), NCCN wishes to ensure that no individual with a disability is excluded, denied services, or otherwise treated differently from other individuals. Each exhibitor shall be responsible for compliance within its exhibit space, including the provision of auxiliary aids and services needed.

LIABILITY

Each exhibitor assumes the entire responsibility and hereby agrees to protect, defend, indemnify, and save NCCN and Hilton San Diego Bayfront, its owners, its operator, and each of their respective parents, subsidiaries, affiliates, employees, officers, directors, and agents harmless against all claims, losses, or damages to persons or property, governmental charges or fines and attorney's fees arising out of or caused by its installation, removal, maintenance, occupancy, or use of the Exhibit premises or a part thereof.

INSURANCE

NCCN and the Hilton San Diego Bayfront will not be liable for damage or loss to the exhibitor's property through theft, fire, accidents, or any other cause. NCCN and Hilton San Diego Bayfront will not assume liability for any injury that may occur to visitors, exhibitors or their agents, employees, or others. Exhibitors shall obtain and keep in force during the term of the installation and use of the exhibit premises, policies of Comprehensive General Liability Insurance, and Contractual Liability Insurance, insuring and specifically referring to the Contractual liability, in an amount not less than $2,000,000 Combined Single Limit for personal injury and property damage.

NCCN and Hilton San Diego Bayfront shall be included in such policies as additional insureds. In addition, the exhibitor acknowledges that neither NCCN nor the Hilton San Diego Bayfront, its owners, or its operator maintains insurance covering exhibitor's property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance insuring any losses by the exhibitor.

To register for this conference, please sign below acknowledging on behalf of you and your company that you have received and read the attached terms and accept and agree to be bound by these terms as a condition to the registration.

Signature _____

Date _____

Full Name _____

E-Mail _____

Organization Name _____

Patient Advocacy Pavilion Sponsorship

Become a sponsor of the NCCN Patient Advocacy Pavilion program, where multiple patient advocacy groups, representing a range of disease types, are able to attend and exhibit during the Conference. Sponsors receive free registrations (Topaz: 1, Emerald: 2, Ruby: 3, Diamond: 4) to attend the Conference and can nominate advocacy organizations (Topaz: 2, Emerald: 4, Ruby: 6, Diamond: 8) for NCCN to invite. Sponsors are listed on the Conference virtual platform, NCCN Exhibit Guide, the Conference web page, and signage. All advocates receive information on NCCN patient materials and other resources throughout the year

SPONSOR INFORMATION (PLEASE TYPE OR PRINT CLEARLY) **DATE** _____

Organization _____

Contact Name _____

(Name of person who will be responsible for the sponsorship and will receive all future correspondence.)

Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email *(Required)* _____

Signature required for contract _____

RECOGNITION INFORMATION

Sponsor Name _____

(Use upper and lower case letters exactly as you want your organization's name to appear on Conference materials.)

PATIENT ADVOCACY PAVILION SPONSOR LEVELS

- ☐ $5,000 – Topaz
- ☐ $10,000 – Emerald
- ☐ $25,000 – Ruby
- ☐ $50,000 – Diamond

Total: $ _____

PAYMENT INFORMATION

- ☐ Please send an invoice
- ☐ Wire transfer
- ☐ Check. *Please make checks payable to:* National Comprehensive Cancer Network (NCCN), 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462, Attn: Accounting Department
- ☐ Credit Card: ☐ American Express ☐ Discover Card ☐ MasterCard ☐ Visa

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date _____ Security Code: _____

Signature _____ Date _____

NCCN may charge the credit card for the amount as indicated above.

☐ Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions:

_____

_____

INSTRUCTIONS

1. Apply for sponsorship by completing this form submitting it by Friday, January 22, 2027.

2. You will receive an email confirming receipt of your application and more information about participation.

Send completed application to:

Jennifer Tredwell, MBA
Senior Vice President, Marketing and Communications
3025 Chemical Road
Suite 100
Plymouth Meeting, PA 19462
Phone: 215.690.0274
exhibits@nccn.org

PAYMENT

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CANCELLATION

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REFUND SCHEDULE

Through Dec. 31, 2026:
Full refund

Jan. 1 - Jan. 31, 2027:
50% refund

After Jan. 31, 2027:
No refund

Headshot Photo Station Sponsorship

NEW!

SPONSOR INFORMATION (PLEASE TYPE OR PRINT CLEARLY) **DATE** _____

Organization _____

Contact Name _____

(Name of person who will be responsible for the sponsorship and will receive all future correspondence.)

Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email *(Required)* _____

Signature required for contract _____

BILLING INFORMATION (IF DIFFERENT FROM ABOVE)

Organization _____

Contact Name _____

(Name of person who will be responsible for the sponsorship and will receive all future correspondence.)

Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email *(Required)* _____

Signature required for contract _____

RECOGNITION INFORMATION

Sponsor Name _____

(Use upper and lower case letters exactly as you want your organization's name to appear on Conference materials.)

SPONSOR FEE

☐ $5,000

PAYMENT INFORMATION

☐ Please send an invoice

☐ Check wire transfer. *Please make checks payable to:* National Comprehensive Cancer Network (NCCN), 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462, Attn: Accounting Department

☐ Credit Card: ☐ American Express ☐ Discover Card ☐ MasterCard ☐ Visa

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date _____ Security Code: _____

Signature _____ Date _____

NCCN may charge the credit card for the amount as indicated above.

☐ Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions:

_____

_____

INSTRUCTIONS

Reserve your sponsorship by completing this form and submitting it by Friday, January 22, 2027.

You will receive an email confirming receipt of your application and details concerning your sponsorship.

Send completed application to:

Jennifer Tredwell, MBA
Senior Vice President, Marketing and Communications
NCCN, 3025 Chemical Road
Suite 100
Plymouth Meeting, PA 19462
Phone: 215.690.0274
exhibits@nccn.org

PAYMENT

Method of payment must be indicated on this application. Full payment must be received (30) days prior to the Exhibit date.

CANCELLATION

For a full refund, notification of space cancellation must be received in writing on or before Dec. 31, 2026.

REFUND SCHEDULE

Through Dec. 31, 2026:
Full refund

Jan. 1 - Jan. 31, 2027:
50% refund

After Jan. 31, 2027:
No refund

Product Theater Application and Contract

Reach your target audience by giving an informational (Non-CE) presentation. Presentations will last 25 minutes followed by a 5-minute audience Q&A session. Banner signs, directional signs, ads, and a door drop flyer will identify your support and promote all presentations. All presentations are given in-person and available on the Virtual Event Platform. A Product Theater area for in-person attendees will be located in the Exhibit Hall.

SPONSOR INFORMATION (PLEASE TYPE OR PRINT CLEARLY) **DATE** _____

Organization _____

Contact Name _____

(Point of Contact: Name of person who will be responsible for your presentation and who will receive all future correspondence.)

Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email *(Required)* _____

Signature required for contract _____

FOR AGENCY ONLY (IF PURCHASING ON BEHALF OF ANOTHER COMPANY)

Client Name _____

(Person authorizing the agency to purchase this sponsorship.)

Company Name _____

Email *(Required)* _____

PRESENTATION INFORMATION

Presentation Title for Conference Materials _____

_____

(Use upper and lower case letters exactly as you want your organization's name to appear on Conference materials.)

PRODUCT THEATERS*

☐ $42,000 — Friday, March 19, 2027
☐ $42,000 — Saturday, March 20, 2027
Total: $_____

* Multiple timeslots available per day. Exact timeslots for each 30-minute presentation will be provided.

PAYMENT INFORMATION

☐ Please send an invoice
☐ Wire transfer
☐ Check. *Please make checks payable to:* National Comprehensive Cancer Network (NCCN), 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462, Attn: Accounting Department
☐ Credit Card: ☐ American Express ☐ Discover Card ☐ MasterCard ☐ Visa

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date _____ Security Code: _____

Signature _____ Date _____

NCCN may charge the credit card for the amount as indicated above.

☐ Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions:

_____

_____

INSTRUCTIONS

1. Apply for your presentation by completing this form and submitting it by Friday, January 22, 2027.

2. You will receive an email confirming receipt of your application. Details will be provided regarding available times.

3. A statement of work with preparation details will be provided.

Send completed application to:

Jennifer Tredwell, MBA
Senior Vice President, Marketing and Communications
3025 Chemical Road
Suite 100
Plymouth Meeting, PA 19462
Phone: 215.690.0274
exhibits@nccn.org

PAYMENT

Method of payment must be indicated on this application. Full payment must be received (30) days prior to the Exhibit date.

CANCELLATION

For a full refund, notification of space cancellation must be received in writing on or before Dec. 31, 2026.

REFUND SCHEDULE

Through Dec. 31, 2026:
Full refund

Jan. 1 - Jan. 31, 2027:
50% refund

After Jan. 31, 2027:
No refund

Published July 31, 2026

Advertising Insertion Order 1 of 2

EXHIBIT GUIDE ADVERTISING

Advertising in the NCCN Exhibit Guide provides uncommon exposure to influential oncologists, nurses, pharmacists, and other health care professionals. The NCCN Exhibit Guide will be posted on NCCN.org/conference and distributed to all conference attendees. A digital version will post on the Conference app. Additional copies are displayed in the Exhibit hall and foyers.

Ad Sizes	Width	Height	Bleed
Half Page Horizontal	8.5”	5.5”	0.125"
Full Page - Run of Book & Covers	8.5”	11”	0.125"

Reproduction Requirements:

- The following file type is accepted: PDF/X-1a
- Vector artwork should be saved in an .EPS format with fonts save as outlines and images embedded. We will substitute with similar fonts if originals are not submitted.
- The following digital file types are NOT accepted formats: Powerpoint, Word, Publisher, Excel, Freehand, Corel Draw, Paint

DOOR DROPS

Invite attendees to visit your booth, promote a service, or build brand awareness through the use of a door drop. Have your custom printed piece (maximum size 8.5" x 11") delivered directly to the hotel rooms of NCCN Conference attendees.

PRE-CONFERENCE NON-CE EMAIL ADS

Include your ad (size 300 x 250 pixels) in emails sent to all registered attendees before and during the Conference.

ADVERTISER INFORMATION (PLEASE TYPE OR PRINT CLEARLY) DATE _____

Organization _____

Contact Name _____

(Name of person who will be responsible for the sponsorship and will receive all future correspondence.)

Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email *(Required)* _____

Signature required for contract _____

EXHIBIT GUIDE ADS

- ☐ $2,500/ad Full Page Exhibitor
- ☐ $3,500/ad Full Page Non-Exhibitor
- ☐ $5,000/ad Inside Front Cover
- ☐ $10,000/ad Back Cover

PRE-CONFERENCE NON-CE EMAIL DIGITAL ADS

- ☐ $6,000 (3) Square Ads

Total $_____

DOOR DROPS

Sponsor provided printed piece will be delivered to all NCCN room block attendees

- ☐ $8,500 Door Drop - Thursday evening
- ☐ $8,500 Door Drop - Friday evening

Continued next page

INSERTION ORDER DUE

Friday, January 22 , 2027

ARTWORK DUE

Friday, January 29, 2027

DOOR DROP DUE

Friday, February 5, 2027

Send completed application to:

Jennifer Tredwell, MBA
Senior Vice President, Marketing and Communications
3025 Chemical Road
Suite 100
Plymouth Meeting, PA 19462
Phone: 215.690.0274
exhibits@nccn.org

Send completed artwork to:

Kim Williams
Senior Manager, Creative Services
williams@nccn.org

PAYMENT

Method of payment must be indicated on this application. Full payment must be received (30) days prior to the Exhibit date.

Advertising Insertion Order 2 of 2

PAYMENT INFORMATION

☐ Please send an invoice
☐ Wire transfer
☐ Check. *Please make checks payable to:* National Comprehensive Cancer Network (NCCN), 3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462, Attn: Accounting Department
☐ Credit Card: ☐ American Express ☐ Discover Card ☐ MasterCard ☐ Visa

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date_____Security Code:_____

Signature_____Date_____

NCCN may charge the credit card for the amount as indicated above.

Additional payment documentation will be provided which may include a purchase order, letter of agreement, contract or other billing information. Provide any necessary notes or instructions:

_____

_____

NCCN Annual 2027 Conference

Sponsor & Exhibitor Prospectus

SPONSOR & EXHIBIT OPPORTUNITIES:

Jennifer Tredwell, MBA
Senior Vice President,
Marketing and Communications
215.690.0274
tredwell@nccn.org

SUPPORT OPPORTUNITIES:

Beth Gaffney, MBA
Vice President, US & Global
Business Development
215.690.0226
gaffney@nccn.org

NCCN National Comprehensive Cancer Network®

The National Comprehensive Cancer Network® (NCCN®) is a not-for-profit alliance of leading cancer centers devoted to patient care, research, and education. NCCN is dedicated to defining and advancing quality, effective, equitable, and accessible cancer care and prevention so all people can live better lives. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. By defining and advancing high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers around the world.

World-renowned experts from NCCN Member Institutions diagnose and treat patients with a broad spectrum of cancers and are recognized for dealing with complex, aggressive, or rare cancers. NCCN Member Institutions pioneered the concept of the multidisciplinary team approach to patient care and conduct innovative research that contributes significantly to understanding, diagnosing, and treating cancer. NCCN programs offer access to expert physicians, superior treatment, and quality and safety initiatives that continuously improve the effectiveness and efficiency of cancer care globally.

For a list of NCCN Member Institutions visit NCCN.org/cancercenters.

NCCN.org – For Clinicians | **NCCN.org/patients** – For Patients
3025 Chemical Road, Suite 100, Plymouth Meeting, PA 19462
Phone: 215.690.0300

Published July 31, 2026