



685 Baltusrol Way
Bridgewater, NJ 08807
908-231-7552

fax: 908-231-6788

email: NJSOM@verizon.net

Tax identification number: 22-3490371

Enclosed you will find all the forms needed in order to participate in the New Jersey Society of Oncology Managers Annual Conference. This year it is being held at the Grand Cascades on October 7-8, 2010

Due to popular demand the Thursday night dinner and entertainment will return this year.

*Please review the forms enclosed and complete those that apply and return them no later than September 17, 2010 to Rosellen Perlowitz. **Please return the Application and Contract for Exhibit Space immediately upon your decision to attend as exhibitors so we can begin the needed paperwork.** All other forms and monies are due by September 24, 2010. All booths are on a first come, first serve basis. Based on your companies' level of sponsorship the booth and/or a number of attendees may be free. Any questions as to what your company is entitled to just call or email Rosellen. If monies are required they must be received by September 24, 2010 – no booth will be issued without full payment. Please be sure to indicate if you require phone, electric and a hard wired internet connection.*

*A confirmation of sponsorship will be sent. In order to get a confirmation all paper work must be filled out and payment must be included. **Again the deadline is September 24, 2010.** Any reservations for a booth, monies or forms received after that date will incur a \$500.00 late fee payable prior to the meeting. Even if your booth is "free" all necessary forms must be returned by the deadline or no booth will be reserved and late fees will apply.*

*The registration form with **ALL** members that will be attending the conference must be returned. Return only one form per company please be sure to contact any members of your company who may wish to attend. They must be listed on this form. Keep in mind we are not sending multiple copies out. If your company wants to participate this packet must be filled out and returned with payment (if needed). Also, if any members are not paid Allied members for 2010 the non member rate will apply. Free attendees are for 2010 Allied members only. You can not split attendance among representatives. A late registration fee of \$200 will apply for any member registered after September 24, 2010. A no show fee of \$100 per day will apply for any member who does not cancel by **October 2, 2010.** No refunds for booths will be issued. These funds must be paid prior to any member of your company attend 2011 events. For those who wish to pay by credit card please use the enclosed form. Make as many copies as needed.*

If you wish to stay at the Grand Cascades please see the enclosed hotel information. This is not included in your booth reservation.

We appreciate your generous contribution; it is with your continued support that we have been able to continue to improve our skills in the field of Hematology-Oncology.

Should you have any questions please feel free to contact Rosellen Perlowitz at 908-231-7552 or email us at NJSOM@verizon.net.

Thank you,

*Denise Johnstone
Conference Chairperson*

*Linda DeAngelis
Conference Co- Chairperson*



**New Jersey Society of Oncology Managers
Annual Conference -Grand Cascades
October 7-8, 2010**

VENDOR RESERVATION FORM

**Only one form should be turned in for each company that will be attending.
(PLEASE PRINT CLEARLY)**

Name of Company: _____

Person Responsible:

Name/Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____

(include area code)

(include area code)

Email Address: _____

Please mark all functions members will be attending:

Attendees	Thursday			Friday		Payment Status	
	Breakfast	Lunch	Dinner	Breakfast	Lunch	Payment Enclosed	2010 Allied Member
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registration Fee: Deadline September 24, 2010

- \$ 300.00 Allied Member - 2010
- \$ 750.00 Non Member
- \$1,500.00 Booth (includes 1 allied member)

- \$ 500.00 Late Registration - booth
- \$ 200.00 Late Registration Fee- attendee
- \$ 100.00 Per Day No Show Fee

Please use credit card form if you wish to pay by credit card.

New Jersey Society of Oncology Managers
685 Baltusrol Way, Bridgewater, NJ 08807
phone: 908-231-7552 fax: 908-231-6788 email: NJSOM@verizon.net

**NEW JERSEY SOCIETY OF ONCOLOGY
MANAGERS
Tax ID # 22-349-0371
Application and Contract for Exhibit Space
October 7-8, 2010
Grand Cascades Hotel
908 231 7552
fax: 908 231 6788**

Please return immediately upon deciding to participate in this event.

Instructions: Complete all information listed below. Sign and return to: 908-231-6788 (fax) or NJSOM C/O Rosellen C. Perlowitz 685 Baltusrol Way Bridgewater, NJ 08807

1. This Agreement dated _____, 20_____

By _____ of _____

(Exhibitor)

For and in consideration of the mutual covenants and agreements hereinafter mentioned to be kept and performed by the parties hereto said parties agree as follows.

2. NJSOM agrees to permit Exhibitor to use and occupy the space hereinafter designated at the rental hereafter provided for the purpose of displaying at NJSOM Annual Conference to be held at the Grand Cascades opening October 7th continuing through October 8th, 2010.
3. **Space Selection:** Space selection and placement of booths will be handled on a first come first serve basis. We have only 35 booths available therefore we are unable to accommodate any individuals who register late. Even if you are already entitled to a booth you must register.

Cost: See Attached

Price includes (8 x 10 booths)

- Pipe and Drape
- One 6' Draped Table
- Two Chairs
- Wastebasket
- Booth ID Sign
- Set up and removal of booth

Exhibitor information as you would like it to appear in our show directory: (Please print clearly)

Company Name: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

Email Address: _____

Contact Name and Title: _____

Product Line: _____

Signature: _____

Company Summary/Contact:

Please forward the name of a contact person with address, phone and email as well as a brief synopsis in 50 words or less of your company's mission/summary of services to be included in our program materials for our practice attendees. This needs to be received no later than **September 24th** if you wish for it to be included.

Liability: Exhibitor agrees to and does indemnify, hold harmless and defend, NJSOM from and against any and all liability, responsibility, loss, cost or expense of any kind whatsoever which may incur, suffer to put to, pay or be required to pay, incident to or arising directly or indirectly from any or omission by Exhibitor or any of its employees, or agents.

Cancellation: In the event that an exhibitor cancels space no refunds will be given. Space will not be held without receipt of this agreement and a check made payable to NJSOM by September 24th.

NOTE: Exhibit booths will not be considered reserved or held until full payment is received. All paperwork and payments must be received by **September 24, 2010** in order to take part as an exhibitor, **NO EXCEPTIONS WILL BE MADE.**

Please indicate below if you need phone, electric or hard wired internet outlets. (We need to know for our set up failure to indicate may result in our being unable to provide)

Internet Outlets **Phone Outlets** **Electric Outlets**

Installation and removal of Exhibits:

Complete details are included in this mailing.

Attire

Casual business attire is appropriate for all functions. You may wish to bring a sweater or jacket to the meeting because some registrants may find the room temperature cool. Please dress casual for the entertainment Thursday Evening.

Program Registration Fees

The registration fee includes tuition, program materials, two breakfasts, refreshment breaks, two lunches, and one dinner.

Cancellation Policy

In accordance with the NJSOM Board of Directors, NO REFUNDS or Credits will be given.

Lodging

Grand Cascades Lodge

Reservations: 973-827-5996 x2 mention New Jersey Society of Oncology

Room Rates: Group rate of \$ 189.00 per night plus 7% NJS sales tax and 8% NJS & Municipal lodging tax. Other fees may apply. Check in is 4 pm and Check out is 11 am. After the **September 20th** deadline, reservations will be accepted on a space available basis only and room rate can not be guaranteed. All reservations must be guaranteed with a major credit card. Grand Cascades Lodge will not hold your reservation unless it has been guaranteed.

NJSOM is not responsible for the booking or payment of the attendee's guest room. Attendees must book their own room through the reservation department. Only a limited number of rooms are reserved for NJSOM Conference Attendees – please call early to insure you will get a room.

Directions

Crystal Springs Resort – Grand Cascades Lodge

GPS/Internet address: 3 Wild Turkey Way, Hamburg NJ 07419

Website: <http://www.crystalgolfresort.com> click directions on the top right

NJSOM Fall Conference: Grand Cascades Lodge

Dinning Options:

Restaurant Latour :

Serving Dinner Thursday 5-9 p.m., Friday & Saturday 5-10 p.m., and Sunday 4-8 p.m.

Reservations Required – (973) 827-5996, Ext. 3

American Express, MasterCard, and Visa Accepted

Crystal Tavern : Sunday-Friday:

Breakfast (a la carte) 7am-11am

Lunch 11am-4pm

Dinner 5pm-10pm

Lighter Fare 11am-10pm

Springs Bistro: Serving Breakfast Saturday & Sunday 7-10 a.m.

Serving Dinner Friday - Sunday 5-10 p.m.

Reservations Suggested – (973) 827-5996, Ext. 3 -- Member Discounts Apply

American Express, MasterCard, and Visa Accepted

Kites: Breakfast: 8:00am-11:30am Mon-Fri (a la carte) & 7:00am-11:30am Sat-Sun (buffet)

Lunch: 11:03am-4:00pm Sun-Thurs and 11:30am-4:00pm Fri & Sat

Dinner: 4:00pm-9:00pm Sun-Thurs and 4:00pm-10pm Fri & Sat

Entertainment: 8:00pm-1:00am Fri-Saturday

Reservations Suggested ~ Call 973.864.5840

Reflections Spa:

Reflections Spa - Treat yourself to a truly lavish and decadent spa experience at the most glamorous day spa in NJ.

Services Pricing- 973.823.6550

Features: In door heated pool

• **On-Site Golf Courses:**

- Cascades Golf Course – NEWEST & 7th course within Crystal Springs' collection of top NJ golf courses; designed by Roger Rulewich
- Crystal Springs Golf Course the toughest NJ public golf course; rated by *Golf Digest* among Top 50 Most Challenging Golf Courses in America
- Wild Turkey Golf Course one of the top 10 public golf courses in New Jersey

- **Biosphere Pool Complex** With 2 exotic free-form heated pools; spacious hot tub; water slide; sunken tropical aquarium; vortex pool; sauna & heated outdoor pool
- The newly opened, glamorous, Reflections Spa offering massages, facials, body treatments, cosmetic enhancements & hair & nail services
- 18-hole natural grass putting course
- Bocce court
- Gift & Candy Shoppes
- Parking - outdoor & heated underground (complimentary)
- **Fishing at the Crystal Springs Quarry** - hotel guests will enjoy a trout-stocked fishing hole within walking distance of Grand Cascades Lodge, fun for the whole family!

Thursday: Group dinner everyone is invited!!!! Fun evening planned. Dress smart casual.

After dinner in the Hotel Lobby there will be a lounge open for cocktails.
There are outdoor fire pits and a pool table in this area.



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NJSOM Annual Conference - October 7th - 8th, 2010 Credit Card Registration Form

NJSOM is offering the opportunity of paying all fees by credit card. Below is the form that needs to be completed and returned if you wish to utilize this method of payment. This form needs to be returned by September 24th with your company's registration forms. After September 24th your card will automatically be charged the additional \$200 for individual late registration fee and a \$500 booth late fee. A \$100 per day no show fee will also apply if you register and fail to cancel by October 2nd. Fees are not refundable. These additional fees must be paid in full prior to any member of your company attending any 2011 events.

Name: _____

Company Name: _____

I authorize NJSOM to charge my credit card:

Check all that apply:

- \$ 1,500.00 Booth Fee (includes one allied attendee)
- \$ 300.00 x _____ 2010 Allied Member *please call Rosellen if you are not sure of your status.
- \$ 750.00 x _____ 2010 Non Member

I understand a total of \$ _____ will be charged to my credit card. Late fees and no show fees may also be attached if the deadlines stated above are missed.

Please print clearly:

Cardholders Name: _____

Type: AMEX MasterCard Visa

Credit Card Number: _____

Expiration Date: ____/____ Security Code: _____

Billing Address: (full including zip code) _____

Email Address: _____

Cardholders Phone Number: (w) _____ (c) _____

Authorized Signature

In the event your card is declined will be contacted and another method of payment can be arranged.
Feel free to make copies of this form for all individuals paying by credit card and attached them to the Vendor Registration form.



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NJSOM Annual Meeting Checklist

To NJSOM C/O Rosellen Perlowitz:

- Vendor Reservation Form
 - List of all attendees - all attendees on one form
 - Monies for booth if needed (\$1,500 -includes one attendee)
 - Monies for attendees if not included in 2010 support (\$300 for 2010 paid allied members, \$750 for non-members)
 - Pay by Credit Card Form (if applicable)
- Application and Contract for Exhibit Space
- Phone line, electric and/or hard line internet be sure to fill this out on the application or NJSOM may not be able to provide.
- Deadline: **September 24, 2010**

To Grand Cascades:

- Hotel reservations for all attendees - 973-827-599 x2
- Deadline: **September 17, 2010** for room reservations.

To AEX Convention Services: (conference materials)

- All materials to be shipped will be accepted between September 10th and September 30th. AEX packet contains all shipping particulars.
- Please see AEX's information packet for detailed shipping information and rates. All payments are to be made to AEX Convention Services.
- Grand Cascades will not accept any shipments prior to the night before the show. Any packages sent prior to October 6th - 4:00 pm- 7:00 pm or October 7th - 7:00 am - 8:00 am the Grand Cascades, AEX and NJSOM will not take responsibility for being delivered or additional fees - there is limited storage at the hotel. All packages must have your companies name and "NJSOM Annual Conference" written clearly on them.

NJSOM will provide booth numbers - leave this blank on all forms