

NEBRASKA ONCOLOGY SOCIETY

2020 Application for Corporate Membership

Corporation Name: _____

Level of Membership Applied for:

_____ Gold (\$10,000) _____ Platinum (\$12,000)

Contact Name at corporate office (*if applicable*): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Patient Assistance Program Website: _____

Patient Assistance & Reimbursement Support Phone: _____

Key Contact

Representative Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Mailing Address (*if different than above*): _____

City: _____ State: _____ Zip: _____

Email: _____

Signature of Applicant: _____ Date: _____

****Please email JPEG image of your company logo to: Carmencg@nebmed.org****

Questions?

Call: 402-474-4527

Fax: 402-474-2198

[Email: Carmencg@nebmed.org](mailto:Carmencg@nebmed.org)

NOS TAX ID: 470772122

Please return completed application and dues to:

Nebraska Oncology Society
c/o Nebraska Medical Association
1045 Lincoln Mall, Suite 200
Lincoln, NE 68508

Attention: Carmen Chinchilla Gutiérrez

Additional applicants may be listed below:

NOTE: Meals will be provided for up to two representatives per event.

1. Corporate Representative Name: _____

Email address: _____

Phone: _____

2. Corporate Representative Name: _____

Email address: _____

Phone: _____

3. Corporate Representative Name: _____

Email address: _____

Phone: _____

4. Corporate Representative Name: _____

Email address: _____

Phone: _____

5. Corporate Representative Name: _____

Email address: _____

Phone: _____

6. Corporate Representative Name: _____

Email address: _____

Phone: _____