



## Central Chapter – Society of Nuclear Medicine

1240 Iroquois Avenue, Suite 106 • Naperville, Illinois 60563  
Ph: 630-428-3877 • Fax: 630-428-7700 • Email: [info@ccsnm.org](mailto:info@ccsnm.org)  
Website: [www.ccsnm.org](http://www.ccsnm.org)

### 2011 Fall Educational Conference October 14-16, 2011 Grand Traverse Resort, Traverse City, Michigan

#### Educational Grantor, Sponsor & Exhibitor Prospectus

The Fall 2011 Educational Conference of the Central Chapter of the Society of Nuclear Medicine (CCSNM) will be held October 14-16, 2011 at Grand Traverse Resort in Traverse City, Michigan. Join us as nationally recognized leaders focus discussions on the theme *The Changing Face of Nuclear Medicine and Noninvasive Imaging*. The meeting will also include a limited number of tabletop exhibits of nuclear medicine equipment, supplies and services. There will be ample time for networking between physicians, technologists and suppliers.

#### Attendance

Projected attendance is 150-200 nuclear medicine physicians and technologists from the leading hospitals and healthcare facilities in Ohio, Michigan and Indiana as well as Minnesota, Wisconsin, and Illinois, plus other states outside the Central Chapter region.

#### Vendor Participation

Vendors may show their support for the nuclear medicine community and the CCSNM Fall Educational Symposium by providing an educational grant to support the educational program offered, or as a sponsor or an exhibitor. A block of rooms are reserved at Grand Traverse Resort in Traverse City, Michigan at rates starting at \$139 single and double. To reserve a room, call 800-968-7352 before September 23, 2011.

**Exhibits:** A limited number of tabletop exhibit spaces are available on a first come, first served basis. The Exhibit Area will be located convenient to the educational sessions and the networking functions. The continental breakfasts and coffee breaks will be held in the exhibit area. Cost per table is \$750 for commercial companies and \$400 for not-for-profit organizations. The price includes a 6' skirted table, 2 chairs and a company ID sign. The floor is carpeted. An exhibit application is included as part of this prospectus.

**Educational Grants:** The CCSNM is seeking educational grants to support the educational aspect of the meeting. Suggested items include general faculty support and the Syllabus for distribution to the attendees.

**Sponsorships:** Sponsorship opportunities exist for the non-educational components of the meeting, including meal functions and social events. For specific information on the costs and benefits of the sponsorship opportunities, please review the 2011 CCSNM Fall Educational Grant/Sponsorship page included with this prospectus. For CME application purposes and to assure we can include your company name in the meeting syllabus and appropriate signage, please submit your application by September 1, 2011.

#### Meeting Schedule

Exhibit Set-up	Saturday, October 15, 2011	7:00 am – 7:30 am
Exhibit Hours	Saturday, October 15, 2011	7:30 am – 3:45 pm
	Sunday, October 16, 2011	7:30 am – 9:45 am
Dismantle	Sunday, October 16, 2011	10:00 am - 12:00 pm

#### Application

Applications for grants/sponsorships and exhibiting are attached as part of this prospectus. To register, please complete and return the applications to the address above, along with payment of the total due. The CCSNM is a 501c3 Not-for-Profit Association, Federal ID#: 23-7149913.

#### Questions?

For additional information concerning the meeting, contact CCSNM Headquarters at the address above, or visit the CCSNM web site at [www.ccsnm.org](http://www.ccsnm.org).



**EXHIBIT APPLICATION/CONTRACT**  
**Central Chapter – Society of Nuclear Medicine**  
**2011 Fall Educational Conference**  
**October 15-16, 2011**  
**Grand Traverse Resort**  
**Traverse City, Michigan**

- Read the Terms and Conditions on the reverse side of this application
- Complete the Exhibitor Requirements section before signing
- Retain a copy for your files

- Application will not be processed without...*
- Payment in full in U.S. funds
  - Signature of official representative

Mail to: CCSNM  
 1240 Iroquois Avenue, Suite 106  
 Naperville, IL 60563

Telephone: 630-428-3877  
 Fax: 630-428-7700

**EXHIBITOR INFORMATION** - Company name and address information should be completed exactly as they should appear in the CCSNM meeting syllabus and on your Booth I.D. sign.

Company			Telephone
Address			Fax
City	State/Province	Zip/Postal code	Web Site
Official contact	Title	Telephone	Email
Additional contact	Title	Telephone	Email

**EXHIBIT SPACE**

Each exhibitor will be provided with a 6' skirted table, 2 chairs and a sign with your company name. Please indicate your booth requirement and booth location choices below.

Check one:

- Corporate Exhibitor      \_\_\_\_\_ 6' table @ \$750 each      \$ \_\_\_\_\_ Total due      \$ \_\_\_\_\_ Enclosed
- Not-for-Profit Exhibitor      \_\_\_\_\_ 6' table @ \$400 each      \$ \_\_\_\_\_ Total due      \$ \_\_\_\_\_ Enclosed

I do not wish to be near the following companies: \_\_\_\_\_

*Payment Method:*

Check enclosed for \$ \_\_\_\_\_

Charge to my credit card:      \_\_\_ Amex      \_\_\_ Visa      \_\_\_ MasterCard      \_\_\_ Discover      Amount: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Exhibitor agrees to abide by the terms and conditions on the back of this application/contract. The undersigned is empowered to enter into contracts on behalf of the exhibiting company. This is not a binding contract until signed by the Central Chapter – SNM.

Agreed to:

Accepted, CCSNM by:

\_\_\_\_\_  
 Company Representative

\_\_\_\_\_  
 CCSNM Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

## **Exhibit Terms and Conditions**

### **1. Application for Exhibit Space**

This contract/application must be accompanied by a check or credit card for full payment.

### **2. Exhibit Eligibility**

Product brochures for medical devices and/or drugs which are subject to approval by the United States Food and Drug Administration or other government agency and which are to be exhibited at the CCSNM meeting must be approved by FDA or the appropriate agencies or authorities of the federal, state, or local government. All products and services to be exhibited must be directly related to the practice of nuclear medicine and medicine in general and are subject to review by the CCSNM. Exhibitors may display only those products and services that they regularly manufacture or distribute. Applications deemed ineligible will be returned with exhibit space payment.

### **3. Exhibitors' Representatives**

The application signatory or his designee shall be the official representative of the exhibitor, certify representatives and act on behalf of the exhibitor in all negotiations.

### **4. Exhibit Space Rental Rates**

Exhibit space will be rented for \$750 to Commercial Exhibitors and \$400 to Not-For-Profit exhibitors. Pricing includes a 6' draped table, two chairs and a one-line company sign.

### **5. Acceptance of Exhibit Space Applications**

Applications will be accepted on a first-come, first-served basis. CCSNM will assign all space and reserves the right to rearrange the floor plan at any time. CCSNM reserves the right to relocate exhibitors should it become necessary for causes beyond the control of CCSNM or advisable in the best judgement of CCSNM.

### **6. Exhibit Space Payment Schedule**

Application must be accompanied by full payment in U.S. funds. Checks should be payable to "Central Chapter - SNM". The Chapter's Tax ID number is 23-7149913.

### **7. Cancellation/Refund of Exhibit Space Fees**

Written notification of cancellation must be received by CCSNM on or before the dates specified. If space is canceled on or before September 14, 2011, a refund less a 20% cancellation fee will be issued. If space is canceled after September 14, 2011, the exhibitor shall remain liable to CCSNM for the total rental fee for the space canceled. Space not claimed and occupied prior to 7:00 am, Saturday, October 15, 2011, for which no special arrangements have been made with CCSNM, may be resold or reassigned by CCSNM without obligation on the part of CCSNM to refund exhibit fees, and without obligation to assign the exhibitor to other space.

### **8. Subletting of Space**

Exhibitors may not assign, sublet or apportion to others the whole or any part of the space allocated and may not display goods or services other than those manufactured or regularly distributed by them or their subsidiaries.

### **9. Insurance & Liability**

The exhibitor shall be fully responsible for any claims, liabilities, losses, damages or expenses relating to or arising from an inquiry to any person, or any loss of or damage to property where such inquiry, loss or damage is incident to, arises out of, or is in any way connected with exhibitor's participation in the exhibition (except as otherwise provided in the agreement between CCSNM and the Grand Traverse Resort). It is the exhibitor's sole responsibility to obtain, at its own expense, any or all licenses and permits to comply with all federal, state and local laws and City of Traverse City, Michigan ordinances for any activities conducted in association with, or as part of, the CCSNM program. The exhibitor shall protect, indemnify, hold harmless and defend CCSNM, its officers, directors, and agents against all such claims, liabilities, losses, damages and expenses, including reasonable attorney's fees, and costs of litigation, provided that the foregoing shall not apply to injury, loss or damage caused by or resulting from the negligence of CCSNM, its officers, directors and agents. Exhibitors should maintain general public liability insurance against claims for personal injury, death or property damage incident to, arising out of, or in any way connected with the exhibitor's participation in the exhibition, in an amount of not less than one million dollars (\$1,000,000) for personal injury, death or property damage in any one occurrence. Such insurance should include coverage of the indemnification obligations of the exhibitor under these terms and conditions and should cover CCSNM as an additional named insured. Each exhibitor is responsible for obtaining, for its protection and entirely at its expense, such property insurance for its exhibit and display materials as the exhibitor deems appropriate. Any policy providing such property insurance must contain an express waiver by the exhibitor's insurance company of any right of subrogation as to any claims against CCSNM, its officers, directors and agents.

All agents or representatives performing services at the Grand Traverse Resort directly for an exhibitor, other than the exhibitor's employees, must provide CCSNM with original certificates of insurance. In the event any part of the exhibit area is destroyed or damaged so as to prevent CCSNM from permitting an exhibitor to occupy assigned space during any part or the whole of the exhibition period, or in the event occupation of assigned space during any part or the whole of the exhibition period is prevented by strikes, Acts of God, terrorism, national emergency or other cause beyond the control of CCSNM the exhibitor will be charged for space during the period it was or could have been occupied by exhibitor, and exhibitor hereby waives any claim against CCSNM, its directors, officers and agents for losses or damages which may arise in consequence of such inability to occupy assigned space, its sole claim against CCSNM being for a refund of rent paid for the period it was prevented from using the space.

### **10. Exhibitor Terms and Conditions**

The exhibitor understands and agrees that these Terms and Conditions are an integral and binding part of this contract.



## Central Chapter – Society of Nuclear Medicine

1240 Iroquois Avenue, Suite 106 • Naperville, Illinois 60563  
Ph: 630-428-3877 • Fax: 630-428-7700 • Email: [info@ccsnm.org](mailto:info@ccsnm.org)  
Website: [www.ccsnm.org](http://www.ccsnm.org)

### GRANTS & SPONSORSHIPS

#### *The Changing Face of Nuclear Medicine and Noninvasive Imaging*

*The Changing Face of Nuclear Medicine and Noninvasive Imaging*, an educational symposium sponsored by the Central Chapter of the Society of Nuclear Medicine will be held October 14-16, 2011, at the Grand Traverse Resort in Traverse City, Michigan. This meeting offers a variety of sponsorship opportunities for your company. From the educational grants for faculty support and the program syllabus to sponsorships for refreshment breaks, your company can play a vital role in supporting the CCSNM while raising your company profile to CCSNM members.

For your educational grant or sponsorship dollars, CCSNM will recognize your company in the following ways:

- Recognition in the Meeting Syllabus (company name only)
- Recognition on the PowerPoint Images in General Session Room
- Recognition on appropriate signage

Take a moment to review the various levels of grants and sponsorship. We ask that you respond by September 1, 2011, for CME application purposes and so that we may include your company name in the meeting Syllabus and appropriate signage. Companies providing Educational Grants will also need to complete a Commercial Support Agreement.

We hope that you will seriously consider becoming a CCSNM Fall Meeting grantor or sponsor. We would be pleased to answer any questions you may have. Partial sponsorships can also be considered for the larger events. Please contact the CCSNM Office at (630) 428-3877, or by email at [info@ccsnm.org](mailto:info@ccsnm.org). Thank you in advance for your consideration.

**Please complete the information below and return to CCSNM by September 1, 2011.**

Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**SUPPORT LEVELS...check the item(s) you wish to provide (partial sponsorships can be considered):**  
Major Credit Cards accepted – CCSNM tax ID # 23-7149913.

#### **Educational Grants:**

\_\_\_\_ General Support \$ \_\_\_\_\_  
\_\_\_\_ Faculty Support \$ 2,000  
\_\_\_\_ Program Syllabus (CD) \$ 1,500

#### **Sponsorship Support:**

\_\_\_\_ Continental Breakfasts (Two Available) \$ 1,500 each  
\_\_\_\_ Coffee Breaks (Three Available) \$ 1,000 each

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LETTER OF AGREEMENT  
REGARDING TERMS, CONDITIONS, AND PURPOSES OF AN  
EDUCATIONAL GRANT**

This Agreement is made between THE SOCIETY OF NUCLEAR MEDICINE, INC. (hereinafter "Sponsor") with a business address of 1850 Samuel Morse Drive, Reston, VA 20190-5316, the Central Chapter – Society of Nuclear Medicine (hereinafter "Joint Sponsor"), and the company named below (hereinafter "Grantor").

(Forms must be typed or in legible print)

GRANTOR (Company name/branch): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ACTIVITY TITLE AND DATE: Central Chapter – Society of Nuclear Medicine: 2011 Fall Educational Conference  
October 14-16, 2011  
Grand Traverse Resort, Traverse City, Michigan

**GRANTING OF EDUCATIONAL SUPPORT BY COMMERCIAL SOURCE**

The grantor wishes to provide an educational grant in the amount of \$ \_\_\_\_\_ made payable to the CCSNM in support of the above mentioned educational activity.

The grantor wishes to provide \_\_\_\_\_

The **Commercial Supporter** agrees to abide by the conditions put forth by the Accreditation Council for Continuing Medical Education; Standards for Commercial Support of Continuing Medical Education (see attachment).

Agreed  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative

**ACCEPTANCE OF EDUCATIONAL SUPPORT BY THE SPONSOR**

In accepting this educational support, the Society of Nuclear Medicine agrees to 1) Abide by the ACCME: Standards for Commercial Support of Continuing Medical Education; 2) Acknowledge educational support by the commercial sources in program brochures, announcements, and other program materials; and 3) Upon request, furnish to the commercial supporter a report concerning the expenditure of funds provided within 30 days of the activity.

Agreed  
Name: Lynn Barnes, MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
SNM Director of Education

Agreed  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Course Director Name