

**2017 Fall Educational Symposium  
Advancing Precision Nuclear Medicine –  
New Approaches, New Tracers and New Technologies  
October 14-15, 2017**  
Hilton Columbus-Polaris  
8700 Lyra Drive, Columbus, OH 43240

**Educational Grantor, Sponsor & Exhibitor Prospectus**

The 2017 Fall Educational Symposium of the Central Chapter of the Society of Nuclear Medicine and Molecular Imaging (CCSNMMI) "**Advancing Precision Nuclear Medicine – New Approaches, New Tracers and New Technologies**" will be held October 14-15, 2017 at the Hilton Columbus-Polaris in Columbus, OH. Join us as nationally recognized leaders discuss important topics in nuclear medicine. The 2017 Program co-chairs are Michael V. Knopp, MD, PhD, and Chadwick L. Wright, MD, PhD both with the Wright Center of Innovation at The Ohio State University. 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 150-175 nuclear medicine physicians and technologists from the leading hospitals and healthcare facilities in Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin, plus other states outside the Central Chapter region.

**Vendor Participation**

Vendors may show their support for the nuclear medicine community and the CCSNMMI 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 the Crystal Mountain Resort at rates starting at \$125.00 single and double. **To reserve a room, call 614/885-1600 before September 15, 2017 or go to [ccsnm.org](http://ccsnm.org) for the link to online reservations.**

**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 \$1000 for commercial companies and \$500 for not-for-profit organizations. The price includes a 6' skirted table and 2 chairs. The floor is carpeted. An exhibit application is included as part of this prospectus.

**Educational Grants:** The CCSNMMI is seeking educational grants to support the educational aspect of the meeting.

**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 2017 CCSNMMI 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 15, 2017.

**Meeting Schedule (subject to change)**

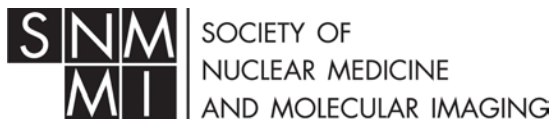
Exhibit Set-up	Friday, October 13, 2017	5:00 pm – 7:00 pm
	Saturday, October 14, 2017	6:30 am – 7:15 am
Exhibit Hours	Saturday, October 14, 2017	7:15 am – 3:45 pm
	Sunday, October 15, 2017	7:00 am – 10:30 am
Dismantle	Sunday, October 15, 2017	10:30 am - 12:00 pm

**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 CCSNMMI is a 501c3 Not-for-Profit Association, Federal ID#: 23-7149913.

**Questions?**

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



CENTRAL CHAPTER

**EXHIBIT APPLICATION/CONTRACT**  
**Central Chapter – Society of Nuclear Medicine**  
**and Molecular Imaging**  
**2017 Fall Educational Symposium**  
**October 14-15, 2017**  
**Hilton Columbus-Polaris**  
**Columbus, OH**

*Application will not be processed without...*

- Read the Terms and Conditions on the reverse side of this application
- Payment in full in U.S. funds
- Complete the Exhibitor Requirements section before signing
- Signature of official representative
- Retain a copy for your files

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

Telephone: 630/428-3877  
 Fax: 630/428-7700  
 Email : info@ccsnm.org

**EXHIBITOR INFORMATION** - Company name and address information should be completed exactly as they should appear in the CCSNMMI meeting syllabus.

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 and 2 chairs. Please indicate your booth requirement and booth location choices below.

Check one:

- Corporate Exhibitor \_\_\_\_\_ 6' table @ \$1000 each \$\_\_\_\_\_ Total due \$\_\_\_\_\_ Enclosed
- Not-for-Profit Exhibitor \_\_\_\_\_ 6' table @ \$500 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 \_\_\_\_\_ CID# \_\_\_\_\_

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 – SNMMI.

Agreed to:

Accepted, CCSNMMI by:

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

\_\_\_\_\_  
 CCSNMMI 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 CCSNMMI 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 CCSNMMI. 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 \$1000 to Commercial Exhibitors and \$500 to Not-For-Profit exhibitors. Pricing includes a 6' draped table and two chairs.

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

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

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

Application must be accompanied by full payment in U.S. funds. Checks should be payable to "Central Chapter - SNMMI". 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 15, 2017, a refund less a 20% cancellation fee will be issued. If space is canceled after September 15, 2017, the exhibitor shall remain liable to CCSNMMI for the total rental fee for the space canceled. Space not claimed and occupied prior to 7:00 am, Saturday, October 14, 2017, for which no special arrangements have been made with CCSNMMI, may be resold or reassigned by CCSNMMI without obligation on the part of CCSNMMI 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 CCSNMMI and the Hilton Columbus-Polaris). 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 Columbus, Ohio ordinances for any activities conducted in association with, or as part of, the CCSNMMI program. The exhibitor shall protect, indemnify, hold harmless and defend CCSNMMI, 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 CCSNMMI, 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 CCSNMMI 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 CCSNMMI, its officers, directors and agents.

All agents or representatives performing services at the Hilton Columbus-Polaris directly for an exhibitor, other than the exhibitor's employees, must provide CCSNMMI with original certificates of insurance. In the event any part of the exhibit area is destroyed or damaged so as to prevent CCSNMMI 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 CCSNMMI 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 CCSNMMI, 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 CCSNMMI 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.

## GRANTS & SPONSORSHIPS

### 2017 Fall Educational Symposium October 14-15, 2017 Hilton Columbus-Polaris, Columbus, OH

An educational symposium sponsored by the Central Chapter of the Society of Nuclear Medicine and Molecular Imaging will be held October 14-15, 2017, at the Hilton Columbus-Polaris in Columbus, OH. 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 CCSNMMI while raising your company profile to CCSNMMI members.

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

- Recognition in the Meeting Program (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 15, 2017, 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 CCSNMMI 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 CCSNMMI 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 CCSNMMI by September 15, 2017.**

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 – CCSNMMI tax ID # 23-7149913.**

#### Educational Grants:

\_\_\_\_\_ General Support \$ \_\_\_\_\_

\_\_\_\_\_ Faculty Support \$ 2,000

\_\_\_\_\_ Conference Program Book (sent electronically) \$ 750.00

#### Sponsorship Support:

\_\_\_\_\_ Continental Breakfasts (Two Available) \$ 1,500 each

\_\_\_\_\_ Coffee Breaks (Three Available) \$ 1,000 each

\_\_\_\_\_ Saturday Evening Social \$ 1,500

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