

**Missouri Valley Chapter and Central Chapter –Society of Nuclear Medicine  
Joint Educational Conference  
*A Gateway to Education*  
October 1-3, 2010  
Hyatt Regency at the Arch, St. Louis, MO**

**Educational Grantor, Sponsor & Exhibitor Prospectus**

The Joint Educational Symposium of the Missouri Valley and Central Chapters of the Society of Nuclear Medicine will be held October 1-3, 2010 at The Hyatt Regency at the Arch in St. Louis, Missouri. Join us as nationally recognized leaders focus discussions on the theme *The Gateway to Education*. 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 250 nuclear medicine physicians and technologists from the leading hospitals and healthcare facilities in the two Chapters in the Upper Great Plains and Midwest regions..

**Vendor Participation**

Vendors may show their support for the nuclear medicine community and the Joint 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 Hyatt in St. Louis at a rate of \$135 single and double. To reserve a room, call 314-655-1234 before September 9, 2010.

**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 \$1,000 for one table and \$1,500 for two for commercial companies and \$500 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 MVCSNM and the CCSNM are 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 Educational Symposium Educational Grant/Sponsorship page included with this prospectus. For CME application purposes and to assure we include your company name in the meeting program and signage, please submit your application by **September 1, 2010**.

**Meeting Schedule**

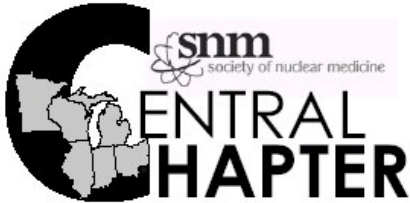
Exhibit Set-up	Friday, October 1, 2010	3:00pm –5:00 pm
Exhibit Hours	Saturday, October 2, 2010	7:30 am – 3:45 pm
	Sunday, October 3, 2010	7:30 am – 11:15 am
Dismantle	Sunday, October 3, 2010	11:30 am - 1:00 pm

**Application**

Applications for grants/sponsorships and exhibiting are attached as part of this prospectus. To register, please complete and return the applications to Central Chapter – SNM 475 S. Frontage Road, Suite 101, Burr Ridge, IL 60527 with payment of the total due. The CCSNM is a 501c3 Not-for-Profit Association, Federal ID#: 23-7149913.

**Questions?**

For additional information or for questions concerning the meeting, contact CCSNM Headquarters at the address above, or call 630-323-7028, or visit the CCSNM web site at [www.ccsnm.org](http://www.ccsnm.org) or the MVCSNM at [www.mvcsnm.org](http://www.mvcsnm.org).



- 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  
475 S. Frontage Road, Ste. 101  
Burr Ridge, IL 60527

Telephone: 630-323-7028  
Fax: 630-323-6989

**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 @ \$1,000 each; \$1,500 for two \$\_\_\_\_\_ 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 \_\_\_\_\_

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:

\_\_\_\_\_  
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 Joint Nuclear Medicine 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 and MVCSNM. 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 \$1,000 for one space or \$1,500 for two to Commercial Exhibitors and \$500 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 and MVCSNM will assign all space and reserves the right to rearrange the floor plan at any time. CCSNM and MVCSNM reserve the right to relocate exhibitors should it become necessary for causes beyond the control of or advisable in the best judgment of CCSNM and MVCSNM.

### **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 1, 2010, a refund less a 20% cancellation fee will be issued. If space is canceled after September 1, 2010, the exhibitor shall remain liable for the total rental fee for the space canceled. Space not claimed and occupied prior to 7:00 am, Saturday, October 2, 2010, for which no special arrangements have been made, may be resold or reassigned without obligation on the part of CCSNM and MVCSNM 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 MVCSNM and The Hyatt Regency at the Arch. 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 St. Louis, Missouri ordinances for any activities conducted in association with, or as part of, the Joint Nuclear Medicine program. The exhibitor shall protect, indemnify, hold harmless and defend CCSNM and MVCSNM, their 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 or MVCSNM, their 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 and MVCSNM 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 and MVCSNM, their officers, directors and agents.

All agents or representatives performing services at The Hyatt Regency at the Arch 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 and MVCSNM 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 and MVCSNM, their 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 and MVCSNM 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**  
***A Gateway to Education***

*A Gateway to Education*, an educational symposium sponsored jointly by the Central Chapter and the Missouri Valley Chapter of the Society of Nuclear Medicine will be held October 1-3, 2010, at The Hyatt Regency at the Arch in St. Louis, Missouri. 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 MVCSNM and CCSNM while raising your company profile to members.

For your educational grant or sponsorship dollars, your company will be recognized 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, 2010** 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 Joint 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) 323-7028, 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, 2010.**

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  | \$ 1,200 |
| ___ Program Syllabus | \$ 1,500 |

**Sponsorship Support:**

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

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

Please fax completed form to 630-323-6989 or mail to CCSNM, 475 S. Frontage Road, Suite 101, Burr Ridge IL, 60527.

**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: Missouri Valley and Central Chapters – Society of Nuclear Medicine Joint Educational Symposium  
A Gateway to Education  
October 1-3, 2010  
The Hyatt Regency at the Arch, St. Louis, Missouri

**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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
SNM Director of Education

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

Please return the completed form to: CCSNM, 475 S. Frontage Road, Suite 101, Burr Ridge, IL, 60527. Phone 630-323-7028.