

Southeastern Chapter – Society of Nuclear Medicine

475 S. Frontage Road, Suite 101

Burr Ridge, IL 60527

Ph: 630-323-7214; Fax: 630-323-6989; Email: Info@secsnm.org

51th Annual Meeting Southeastern Chapter – SNM Educational Grantor, Sponsor & Exhibitor Prospectus

The 2010 Annual Meeting of the Southeastern Chapter of the Society of Nuclear Medicine (SECSNM) will be held October 28-31, 2010 at the Sheraton Imperial Hotel and Convention Center in Durham, North Carolina. Join us as nationally recognized leaders discuss important topics in nuclear medicine. Robert J. McDonald, MD from MD Anderson in Orlando is the program chair for the 2010 meeting with Amir H. Khandani, MD from the University of North Carolina, Robert Pagnanelli, BSRT (RR)(N), CNMT, NCT from Duke and Norman E. Bolus, CNMT, MPH from the University of Alabama Birmingham serving as the program co-chairs. The meeting will also include exhibits of nuclear medicine equipment, supplies and services. Ample time is available for networking with physicians and technologists.

Attendance: Projected attendance is 250-300 nuclear medicine physicians and technologists from the leading hospitals and healthcare facilities in Alabama, Mississippi, Florida, Georgia, Kentucky, Tennessee, North Carolina, South Carolina and Southern Ohio, plus other states outside the Southeastern Chapter region.

Vendor Participation: Vendors may show their support for the nuclear medicine community and the 2010 Annual Meeting by providing an unrestricted educational grant to support the educational program offered, or as a sponsor or an exhibitor.

Exhibits: A limited number of 8' x 10' 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 \$1,200 for commercial companies and \$600 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 SECSNM is seeking educational grants to support the educational aspect of the meeting. Four levels of sponsorship have been suggested, but any support for specific activities related to the meeting will be greatly appreciated.

Sponsorships: Sponsorship opportunities exist for the non-educational components of the meeting, including continental breakfasts, refreshment breaks, the Thursday evening Icebreaker and the Saturday Social Event. For specific information on the costs and benefits of the sponsorship opportunities, please review the 2010 SECSNM Annual Meeting 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 **August 1, 2010**.

Meeting Schedule

Exhibit Set-up	Thursday, October 28, 2010	1:30 pm – 5:00 pm
Icebreaker in Exhibits	Thursday, October 28, 2010	5:30 pm – 7:00 pm
Exhibit Hours	Friday, October 29, 2010	7:30 am – 3:30 pm
	Saturday, October 30, 2010	7:30 am – 3:30 pm
Dismantle	Saturday, October 30, 2010	3:30 pm - 6:30 pm

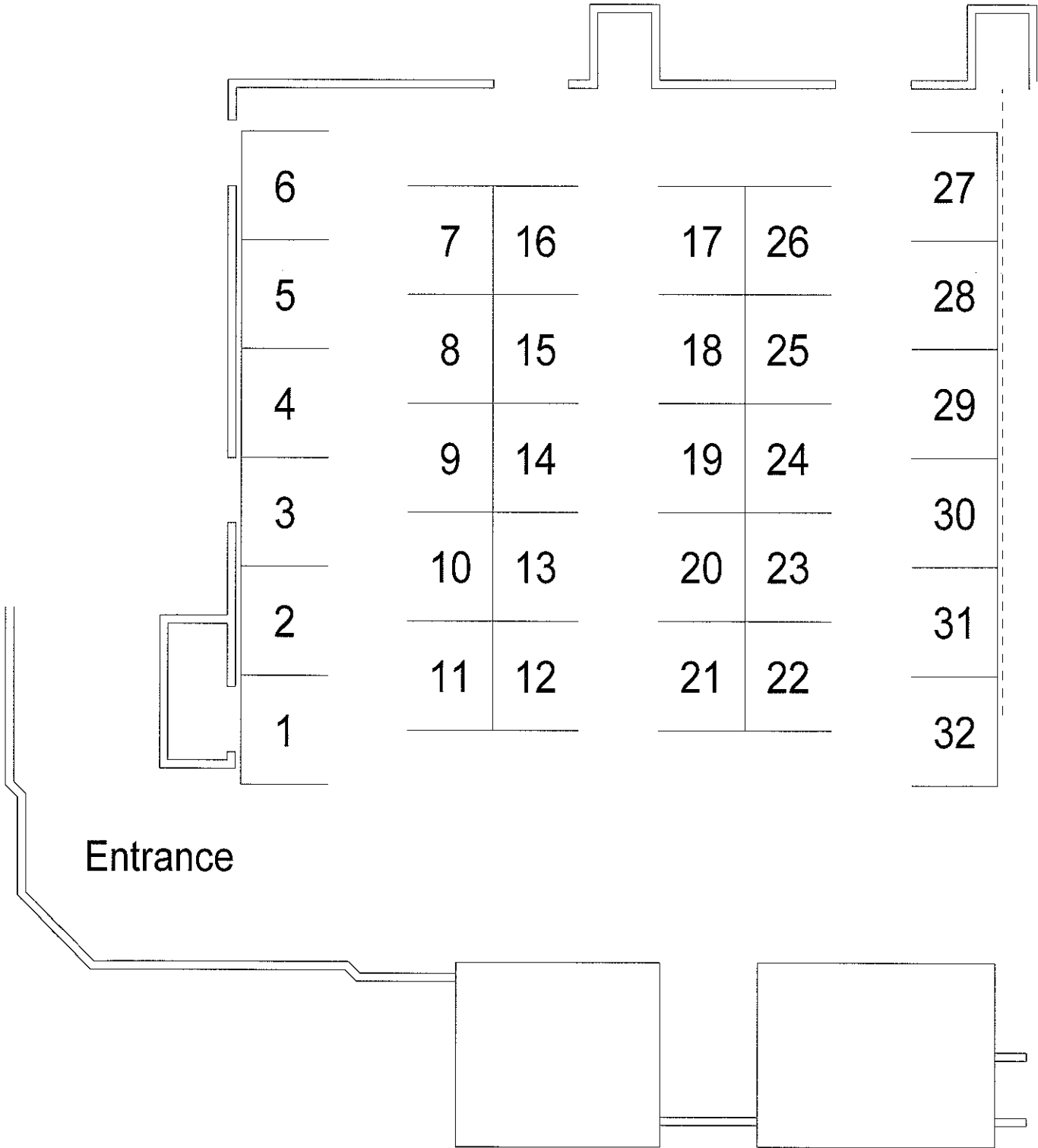
Application

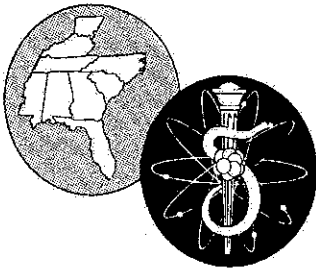
Applications for grants/sponsorships and exhibiting are attached as part of this prospectus. To register, please complete and return the applications to the address above, along with payment of the total due. The **SECSNM tax ID number is 58-1507983**. Service kits for ordering addition material or services for your booth will be sent 60 days prior to the event.

Questions?

For additional information concerning the meeting, contact SECSNM Headquarters at the address above, or visit the SECSNM web site at www.secsnm.org.

Southeastern Chapter Society of Nuclear Medicine 2010 Annual Meeting





**Southeastern Chapter – Society of Nuclear Medicine
 EXHIBIT APPLICATION/CONTRACT
 51th Annual Meeting
 October 28-31, 2010
 Sheraton Imperial Hotel & Convention Center
 Durham, North Carolina**

Application will not be processed without...

- Payment in full in U.S. funds & •Signature of official representative
- 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

Mail to: SECSNM
 475 S. Frontage Road, Ste. 101
 Burr Ridge, IL 60527

Telephone: 630-323-7214
 Fax: 630-323-6989

EXHIBITOR INFORMATION - Company name and address information should be completed exactly as they should appear in the SECSNM 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

EXHIBIT SPACE – Exhibit space is in 8' x 10" increments with 8' back drape and 3' side returns. A 6' skirted table, 2 chairs and a sign with your company name are included with each exhibit. Please indicate your booth requirement and booth location choices below.

Check one:

- Corporate Exhibitor _____ 6 foot skirted table @ \$1,200 each \$_____ Total due \$_____ Enclosed
- Not-for-Profit Exhibitor _____ 6 foot skirted table @ \$ 600 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 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 Southeastern Chapter – SNM.

Agreed to:
 Company Representative

Accepted, SECSNM by:
 SECSNM 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 SECSNM 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 SECSNM. 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

Tabletop exhibit space will be rented for \$1,200 to Commercial Exhibitors and \$600 to Not-For-Profit exhibitors. Pricing includes 6 foot 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. SECSNM will assign all space and reserves the right to rearrange the floor plan at any time. SECSNM reserves the right to relocate exhibitors should it become necessary for causes beyond the control of SECSNM or advisable in the best judgment of SECSNM.

6. Exhibit Space Payment Schedule

Application must be accompanied by full payment in U.S. funds. Checks should be payable to "Southeastern Chapter - SNM". The Chapter's Tax ID number is 58-1507983.

7. Cancellation/Refund of Exhibit Space Fees

Written notification of cancellation must be received by SECSNM on or before the dates specified. If space is canceled on or before October 1, 2010, a refund less a 20% cancellation fee will be issued. If space is canceled after October 1, 2010, the exhibitor shall remain liable to SECSNM for the total rental fee for the space canceled. Space not claimed and occupied prior to 8:00 am, Friday, October 29, 2010, for which no special arrangements have been made with SECSNM, may be resold or reassigned by SECSNM without obligation to refund exhibit fees or to assign 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.

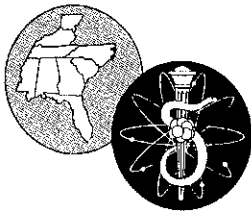
9. Insurance & Liability

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 SECSNM and the Sheraton Imperial Hotel and Convention Center. 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 Durham ordinances for any activities conducted in association with, or as part of, the SECSNM Annual Meeting. The exhibitor shall protect, indemnify, hold harmless and defend SECSNM, 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 SECSNM, 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 SECSNM 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 SECSNM, its officers, directors and agents.

All agents or representatives performing services at the Sheraton Imperial Hotel and Convention Center directly for an exhibitor, other than the exhibitor's employees, must be prepared to provide SECSNM with original certificates of insurance. In the event any part of the exhibit area is destroyed or damaged so as to prevent SECSNM 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 SECSNM 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 SECSNM, 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 SECSNM 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.



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2010 ANNUAL MEETING GRANTS & SPONSORSHIPS

The 51th Annual Meeting of the Southeastern Chapter of the Society of Nuclear Medicine will be held October 28-31, 2010 at the Sheraton Imperial Hotel and Convention Center in Durham, North Carolina. This meeting offers a variety of sponsorship opportunities for your company. From the educational grants for faculty support and program syllabus to sponsorships for refreshment breaks, the Icebreaker Networking Reception and the Saturday evening Social Event, your company can play a vital role in supporting the 2010 Annual Spring Meeting while raising your company profile to SECSNM members. Come help us celebrate.

For your educational grant or sponsorship dollars, SECSNM 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
- Complimentary Exhibit Space and one complimentary meeting registration for Grant of \$5000 or more
- Complimentary Exhibit Space and two complimentary meeting registrations for Grant of \$7500 or more

Take a moment to review the various levels of grants and sponsorship and complete the form below. We ask that you respond by **August 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 Letter of Agreement.

We hope that you will seriously consider becoming a SECSNM annual 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 SECSNM Office at (630) 323-7214, or by email at info@secsnm.org. Thank you in advance for your consideration.

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 – SECSNM tax ID # 58-1507983.

Educational Grants:

_____ Platinum Sponsor	\$7,500
_____ Gold Sponsor	\$5,000
_____ Silver Sponsor	\$2,500
_____ Bronze Sponsor	_____ Under \$2,500
_____ Program Syllabus CD	\$ 2,000

Sponsorship Support:

_____ Continental Breakfasts (Three Available)	\$ 1,000 each
_____ Icebreaker Networking Reception	\$ 3,000
_____ Saturday Evening Social (TBD)	\$ 5,000
_____ Coffee Breaks (Five Available)	\$ 1,000 each
_____ Partial Sponsorships	_____

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 Southeastern 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: Southeastern – Society of Nuclear Medicine: 51th Annual Meeting
October 28-31, 2010, Sheraton Imperial Hotel and Convention Center
Durham, North Carolina

GRANTING OF EDUCATIONAL SUPPORT BY COMMERCIAL SOURCE

The grantor wishes to provide an educational grant in the amount of \$ _____ made payable to the SECSNM 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, MEd Signature: _____ Date: _____
SNM Director of Education

Agreed

Name: _____ Signature: _____ Date: _____
Course Director Name

Please return completed form to: Southeastern Chapter – SNM
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