



ADVERTISING AGREEMENT

The Society requires a signed confirmation for all advertising placements. To guarantee your rate and placement, please sign and return this confirmation by fax to +1 847 493-6417. Your ad will not run until this agreement is received. Please note that the Society and the 2015 Congress may be referred to only as SCCM, the Society of Critical Care Medicine, and the 44th Critical Care Congress.

Date: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Contact: _____

Email: _____

Authorized Signature: _____

Publication(s):

- Congress Program & Exhibition Guide*** (published January 2015)
ad space deadline - September 22
 - Full Page - \$4,750
 - Half Page - \$3,300
- Congress Special Events and Session Brochure*** (published December 2014)
ad space deadline - October 22
 - Full Page - \$3,400
- Critical Connections***
ad space deadline – Six weeks prior to issue date
(select issue(s): August/September, October/November December/January)
 - Full Page - \$4,615
 - 2/3 Page – \$4,040

Bundle and Save - Take \$700 off for 2 ad vehicles, \$1,100 for 3, or \$1,500 for 4

*All print ads are 4-color

Payment:

Check (U.S. funds drawn on a U.S. bank.) or International Money Order, made payable to SCCM

Check Number: _____

Credit Card Information: Visa American Express MasterCard Discover

Card Number: _____ Expiration Date: _____

Name on the Card: _____

Signature of the Cardholder: _____

Send agreement and payment to:

Society of Critical Care Medicine
500 Midway Drive • Mount Prospect, IL 60056 USA
Fax: +1 847 493-6417 • Email: dng@scm.org



REGISTRATION LIST

Mailing addresses of registered Congress participants are available for purchase by exhibitors for mailing selected materials prior to and/or following Congress. Please adhere to the following guidelines:

- All SCCM list rentals are for a one-time use only and may not be published or duplicated in any way.
- A sample of the exact mailing piece (including envelope) must accompany the order form, along with a signed License Agreement. Orders will not be processed until the signed License Agreement has been completed and all samples of mailing pieces have been approved by SCCM.
- If you choose to use a third-party mail house, then direct the mail house to complete and return the Mail House Agreement.
- The Society and the 2015 Congress may be referred to only as *SCCM*, the *Society of Critical Care Medicine* and the *44th Critical Care Congress*. SCCM retains the right to decline to rent its list to any organization at its discretion. Mailing pieces referring to SCCM in any other way may not be approved (i.e., Annual Meeting, Convention, Show, etc.)

Exhibiting Company: _____
 Contact Person: _____
 Billing Address: _____
 City: _____ State: _____
 Zip/Postal Code: _____ Country: _____
 Phone: _____
 Email: _____

Are you using a Mail House?

Yes No

Company Name: _____
 Billing Address: _____
 City: _____ State: _____
 Zip/Postal Code: _____ Country: _____
 Phone: _____
 Fax: _____
 Email: _____

Pre-Congress – Cost: \$750

Via Email – Excel Format

Note: To ensure timely receipt of pre-Congress mailings, orders for pre registrant lists will not be accepted after **December 12, 2014**.

Post-Congress – Cost: \$750

Via Email – Excel

Payment Information:

Check

Make checks payable to SCCM (checks must be in U.S. funds drawn on a U.S. bank) or International Money Order

Credit Card:

Visa American Express
 MasterCard Discover

Card Number: _____

Expiration Date: _____

Name on the Card: _____

Signature of the Cardholder: _____

Date: _____

Return this form to:
 Society of Critical Care Medicine
 35083 Eagle Way
 Chicago, IL 60678-1350 USA
 Fax: +1 847 827-7913
 jwilliams@sccm.org

Membership List Rental Information

Please read carefully before ordering our list.

Mailing lists and membership data for the Society of Critical Care Medicine customers are described below. For information regarding these mailing lists, list counts and order placement, call SCCM Customer Service at +1 847 827-6888. All information is updated on a daily basis to ensure an accurate list. Lists are delivered within 10 working days of receipt of order.

SCCM List: The Society's database is comprised of more than 13,000 physicians, registered nurses, respiratory therapists, pharmacists and pharmacologists, scientists, bio-engineers, and other healthcare professionals dedicated to improving the care of the critically ill. The Society can provide a list comprised of members, non-members or both. An approximate breakdown of our database is as follows:

	Members*	Nonmembers
Physicians	9,650	28,000
Nurses	1,950	10,600
Pharmacists	1,000	2,000
Other Healthcare Professionals	1,000	17,000
Total	13,600	57,600

*These numbers represent the total SCCM membership. Actual numbers will be lower as some members elect not to be included in the rental of our mailing lists.

NOTE: These numbers change on a regular basis. Contact Customer Service at +1 847 827-6888 for the most current counts.

Rental Rate:	\$250 per thousand (Minimum Charge \$600)
Rush Charge:	\$75

Prices are subject to change without notice.

Special Sorts: Special sorts can be made from the SCCM mailing list and are available upon request. Common requests are for specific professions, medical specialties and geographic areas.

Limitations: The use of SCCM mailing lists is limited to those purposes applicable to the practice and/or betterment of critical care; SCCM considers renting the mailing lists a service to our customers. All mailing pieces are subject to approval by SCCM.

Terms: The SCCM membership database is copyrighted; mailing lists are sold for a one-time use only by the requester and names cannot be re-entered or reproduced by any means under any circumstances. SCCM reserves the right to deny any list request.

Ordering Instructions:

To place your order, you **must** have the following completed:

- 1) List Order Form (must be signed by a representative of your organization)
- 2) A complete sample of the mail piece (can be faxed, mailed or emailed)
- 3) A signed license agreement
- 4) A signed mail house agreement (required if using a third-party mailing house)

Shipping: All orders are delivered via email unless otherwise requested. Shipping and handling charges will apply to all orders not delivered via email. Such orders will be shipped via UPS regular ground service at \$9 unless otherwise requested. Any method of shipping other than UPS regular ground service will be at your expense and additional charges will be added to the invoice.

Rush Charges: A \$75 processing fee will be applied to all rush orders. All rush orders will be shipped within 2-4 working days after the rental list has been approved by SCCM. Orders not delivered via email will be sent via UPS Second Day Air.

Available Formats: Lists can be sent as an Excel file or as an ASCII delimited values file via email or on diskette. SCCM does not provide preprinted labels.



Membership List Order Form

Complete, sign and return this form, with a sample of the mailing piece for which the list will be used to:

Society of Critical Care Medicine
35083 Eagle Way
Chicago, IL 60678-1350, USA

Phone: +1 847 827-6888 • Fax: +1 847 827-7913 • Email: membership@sccm.org

I understand that the names and addresses furnished by the Society of Critical Care Medicine (SCCM) are the sole property of SCCM and are supplied to my organization for the specific mailing indicated by the sample enclosed. Lists are for one time use only (per list purchased). No facsimile of this list will be reproduced in any fashion and will not be put to any other use. I also understand that SCCM reserves the right to deny any list request.

Name of Organization Representative

Signature of Organization Representative

Number of sets (if more than one) _____

List Desired (check all that apply):

Complete Database Members only Nonmembers only
 U.S. Only U.S. & Canada International Only
 Random Sample (please specify number) _____ Other: _____

Sequence: ZIP Code Order Alphabetical

Special Sorts: Physicians (includes Residents/Fellows) Pharmacists
 Respiratory Therapists Nurses Other _____

Specialty Desired (see attached list) _____

Geographical Location (list specific states, cities, or ZIP codes)

Please contact SCCM for availability and costs of any other special sorts.

List Required by _____ **Rush Order (\$75)** Date (MUST SPECIFY)

Payment Information (must be provided with order):

Ship to (if different from payment information):

Name _____

Title _____

Company _____

Address _____

City _____ State _____ ZIP _____

Country _____

Phone _____ Fax _____

Email _____

Name _____

Title _____

Company _____

Address _____

City _____ State _____ ZIP _____

Country _____

Phone _____

Fax _____

Email _____

Payment information

Check (U.S. funds drawn on a U.S. bank) or Intl. Money Order

Visa MasterCard American Express Discover

Credit Card # _____

Expiration Date _____

Cardholder Name _____

Cardholder Signature _____

Mailing List License Agreement

THIS AGREEMENT is made as of this _____ day of _____, 20____, between the Society of Critical Care Medicine ("Licensor"), a California not-for-profit corporation, and _____ ("Licensee"). In consideration of the covenants and terms contained herein, the parties hereby agree as follows:

1. the names provided are confidential and proprietary information of the Society of Critical Care Medicine (SCCM)
2. names will be used for a one-time MAILING USE only;
3. names will be used only for the specific mailing for which they were ordered and for no other purpose, unless specifically authorized by SCCM;
4. names will not be copied for use as a mailing list or otherwise;
5. names will be used within one month after receipt in order to retain the advantages of list accuracy;
6. SCCM is not required to provide forwarding addresses for undeliverable mail;
7. use of the list for telemarketing purposes is PROHIBITED;
8. the list will be used for non-commercial purposes only;
9. the Licensee agrees to furnish SCCM with a copy or sample of printed material, literature and advertising material prior to fulfillment of order made in accordance with this agreement;
10. SCCM retains the right to decline to rent its list to any organization at its discretion;
11. SCCM retains the right to decline to rent its list to any organization intending to use the list for the purpose of membership recruitment;
12. SCCM retains the right to decline to rent its list to any organization when the purpose is to promote an educational program that competes with a similar SCCM educational program or product;
13. the list or mailing piece will not imply SCCM endorsement, directly or indirectly;
14. if the Licensee is requesting the mailing list to promote a job opening, the Licensee must list the job opening with SCCM's Career Central prior to the request;
15. the list will not be used to communicate information which is false, defamatory or misleading;
16. the Licensee must pay SCCM a royalty up front for the use of the License based on the current price list.

In the event Licensee violates any term of this License Agreement, Licensee agrees that Licensor shall be entitled to recover all costs, damages and attorney's fees occasioned by actions to enjoin violation of this license and in pursuing damages and any other relief. It is the specific intent of the parties that the court has jurisdiction and authority under this License Agreement to award all available relief including each element of the foregoing. Licensee agrees to indemnify and hold Licensor harmless against any action arising out of or relating to use of Licensor's list.

The parties have executed this Agreement as of the day and year first above written.

Licensee by:

Signed _____ Date _____

Printed _____

Society of Critical Care Medicine by:

Signed _____ Date _____

Printed _____



Mail House Agreement

This AGREEMENT is made as of this _____ day of _____, 20____, between the Society of Critical Care Medicine ("SCCM"), a California not-for-profit corporation, and _____ ("Mail House").

In consideration of the covenants and terms contained herein, the parties hereby agree as follows:

Subject to a separate agreement, SCCM has granted _____ ("Licensee") a non-exclusive license for the use of SCCM's mailing list, which requires Licensee's use of an independent mailing company to utilize the License and which is contingent upon execution by Mail House of the terms and conditions contained in this agreement. Mail House acknowledges that SCCM's mailing list is confidential, is the sole and exclusive property of SCCM and is protected by United States Copyright, Trade Secret and other laws. Further, Mail House agrees to use the License and SCCM mailing list only subject to the terms of this Agreement and SCCM's agreement with Licensee, incorporated herein. Mail House agrees not to make, sell, use, reuse, reproduce, make available to others, distribute, disclose or otherwise utilize SCCM's mailing list or information contained therein. Mail House is hereby granted permission to assist Licensee in use of the License granted by SCCM to Licensee. SCCM does not grant to Mail House or to any other person use of SCCM's mailing list to create or update any mailing lists or data bases or for any purpose other than that which may be set forth in the separate agreement between SCCM and Licensee.

In the event Mail House violates any term of this Agreement, Mail House agrees that SCCM shall be entitled to recover all costs, damages and attorney's fees occasioned by actions to enjoin violation of this Agreement and in pursuing damages and any other relief. It is the specific intent of the parties that the court has jurisdiction and authority under this License Agreement to award all available relief including each element of the foregoing.

The parties have executed this Agreement as of the day and year first as written.

Licensee by:

Signed _____ Date _____

Printed _____

Society of Critical Care Medicine by:

Signed _____ Date _____

Printed _____

Mail House by:

Signed _____ Date _____

Printed _____

**Society of Critical Care Medicine
List of Specialties**

Code	Expansion
ADM	Administrator
ADP	Advanced Practice Nursing
ALLER	Allergy
AM	Aerospace Medicine
ANEST	Anesthesiology
ANIST	Anesthesiologist
BIO	Bioengineer
CA	Cardiothoracic Anesthesiology
CARD	Cardiology
CARDSUR	Cardiovascular Surgery
CCA	Critical Care Anesthesiology
CCIM	Critical Care Internal Medicine
CCM	Critical Care Medicine
CCN	Critical Care Nursing
CCOB	Critical Care OB/GYN
CCPED	Critical Care Pediatrics
CCS	Critical Care Surgery
CD	Cardiovascular Diseases
CN	Clinical Nutrition
CRSURG	Colon-Rectal Surgery
CS	Cardiothoracic Surgery
DIET	Dietician
EM	Emergency Medicine
EMT	Emergency Medicine Technician
END	Endocrinology
ENG	Engineer
ETHIC	Ethicist
FP	Family Practice
GASTRO	Gastroenterology
GM	Geriatric Medicine
GO	Gynecologic Oncology
HEM	Hematology
HNSURG	Head and Neck Surgery
ID	Infectious Diseases
IM	Internal Medicine
IND	Industry
LS	Laser Surgery
METAB	Metabolism
NEON	Neonatology
NEOPER	Neonatal/Perinatal
NEPHR	Nephrology
NEURO	Neurology
NEUROS	Neurosurgery

Code	Expansion
NP	Nurse Practitioner
OBGYN	Obstetrics/Gynecology
ONCOL	Oncology
ORTHOP	Orthopedics
OSTEO	Osteopathy
OTOLAR	Otolaryngology
PA	Physician's Assistant
PARAM	Paramedic
PATH	Pathology
PC	Pediatric Cardiology
PCCM	Pulmonary Critical Care Medicine
PD	Pulmonary Diseases
PED	Pediatrician
PEDANEST	Pediatric Anesthesiology
PEDS	Pediatrics
PHARM	Pharmacology
PHARMACO	Pharmacotherapy
PID	Pediatric Infectious Disease
PM	Pain Management
PN	Pediatric Nephrology
PNEUROS	Pediatric Neurosurgery
PPD	Pediatric Pulmonary Diseases
PREVM	Preventive Medicine
PS	Plastic Surgery
PSYCH	Psychiatry
PT	Physical therapist
RADIO	Radiology
RC	Respiratory Care
RN	Registered Nurse
RT	Respiratory Therapist
RTPY	Respiratory Therapy
SCIEN	Scientist
SDM	Sleep Disorder Medicine
SURG	Surgery
SW	Social Worker
TECH	Technologist
TOX	Toxicology
TS	Thoracic Surgery
UNK	Unknown
UROL	Urology
VETMED	Veterinary Medicine
VS	Vascular Surgery



DOOR DROP APPLICATION

As critical care professionals awaken and get ready for a busy day at the 43rd Critical Care Congress, your company's sales and promotional literature, invitations, announcements, etc., will be waiting for them at their hotel room door, alerting them of your products and services and encouraging them to visit your booth.

The Society will distribute your product literature, promotional materials, sales brochures, etc., to attendees' hotel rooms so the materials are at their door when they awaken. The materials will arrive late evening Saturday, January 17, 2015. The cost to participate is \$4,000 for one piece and \$6,000 for two pieces.

Your company may provide a single flyer or brochure that is no larger than 8½" x 11" in size. Brochures cannot exceed four pages and must be folded to be no larger than 8½" x 11". Quantity needed is 2,000 per unit piece to cover all sleeping rooms within our hotel block.

The Society and the 2015 Congress may be referred to only as *SCCM*, the *Society of Critical Care Medicine* and the *44th Critical Care Congress*.

To reserve your space in the SCCM Door Drop Program, please return this agreement in addition to a copy of your promotional piece and payment. Once your piece(s) have been approved, forward 2,000 of each promotional piece to SCCM for receipt on or before December 12, 2014.

Exhibiting Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Email: _____

We will participate in the SCCM Door-Drop Program during the 44th Critical Care Congress.

January 17, 2015 (Saturday PM delivery)

Please check one:

- One piece for \$4,000 (sample attached)
- Two pieces for \$6,000 (samples attached)

Total amount enclosed \$ _____

Payment:

Check (U.S. funds drawn on a U.S. bank or International Money Order)

Check #: _____

Credit Card Information:

- Visa MasterCard
- American Express Discover

Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature of Cardholder: _____

Date: _____

Door Drop Materials must be received on or before December 12, 2014.

Send agreement, payment, promotional piece for approval and door drops to:

Society of Critical Care Medicine
 Colleen McNamara
 500 Midway Drive
 Mount Prospect, IL 60056 USA
 Fax: +1 847 493-6478
 Email: cmcnamara@sccm.org

Signature _____ Date _____

For SCCM use only:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with the following conditions:	<input type="checkbox"/> Rejected; reason:



GIVEAWAY AND DRAWING APPROVAL REQUEST FORM

Please provide a description of all samples, giveaways and drawings to be given to attendees and submit to the Society of Critical Care Medicine for approval no later than January 2, 2015.

The Society may withhold or withdraw permission to distribute gifts, souvenirs, advertising, or other materials, which in its sole discretion, are considered objectionable or inappropriate. Gifts must be of a minimal value and should be useful to attendees and professional in nature.

Print or type your name and company information below. Upon approval, this form will be returned to you via fax.

Company Name: _____ Booth # _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Phone: _____

Email: _____

Signature _____ Date _____

Note: Distribution or use of helium balloons, lottery tickets, cash and noisemakers are prohibited. Beverages must be sample size only. All food items must be individually wrapped. F&B giveaways must have approval from the convention center catering office.

Please check whether the item is a giveaway or a drawing, or both:

Giveaway	Drawing	Item	Description

Return this form no later than January 2, 2015 to:

Society of Critical Care Medicine
500 Midway Drive
Mount Prospect, IL 60056 USA
Fax: +1 847 493-6478

For SCCM use only:
_____ Date Received
_____ Item(s) are approved
_____ Item(s) are denied; reason:
_____ Item(s) are approved with the following restrictions:



Industry Education Workshop Application

Take advantage of the exhibitor sponsored Industry Education Workshops! Located in the Exhibit Hall, Industry Education Workshops offer exhibitors an excellent opportunity to provide increased learning opportunities for attendees and an opportunity for exhibitors to present products and services beyond their booth space. Gain additional face-to-face contact with potential buyers through this unique forum.

These commercial workshops are conducted by exhibitors inside the exhibit hall. A limited number of 60-minute sessions will be presented each day. These workshops are listed in the exhibit section of the Program and Exhibition Guide and are highlighted on signage at the company's booth.

APPLICATION INSTRUCTIONS

Workshop fees are \$6,000 for lunch time sessions and \$4,000 for break time sessions. Application and payment must be received no later than September 22, 2014. The room is carpeted and set theater-style to accommodate approximately 250 attendees. A head table, screen, LCD projector and a sound system with a lavalier microphone are included in the fee. Costs for additional requirements are the responsibility of the exhibitor, and an order form for additional equipment will be sent with your confirmation. **The sponsoring company is responsible for costs associated with speakers and additional requirements. Signage announcing the workshops will be located throughout the exhibit hall. Additional promotion (i.e. pre-conference mailer, door drop, available lunch/snacks, etc.) of the Industry Education Workshop is strongly recommended and is the sole responsibility of the sponsor. Each industry education workshop will be promoted via an audio announcement in the Exhibit Hall approximately five minutes prior to its start time.**

Content requires advanced approval by SCCM for each session. These sessions do not provide continuing education credit. Workshop content must be interactive, intellectually stimulating and scientifically current.

Yes, we would like to sponsor an Industry Education Workshop.

Topic Title: _____

Presenter(s): _____

**If more than one topic, please attach a complete schedule of topics and presenters.*

Please attach a 50-word or less description of the topic and format for review and approval. Session dates and times are as follows.

Sunday, January 18, 2015 *

- 12:45 p.m. - 1:45 p.m. (1)
- 2:45 p.m. - 3:45 p.m. (1)

Monday, January 19, 2015 *

- 9:00 a.m. - 10:00 a.m. (2)
- 12:15 a.m. - 1:15 p.m. (2)
- 2:15 p.m. - 3:15 p.m. (2)

Tuesday, January 20, 2015 *

- 9:00 a.m. - 10:00 a.m. (1)
- 12:30 a.m. - 1:30 p.m. (1)

*Times are subject to change to occur during session breaks

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Telephone: _____ Email: _____

Signature _____ Date _____



Return this form along with the payment no later than September 22, 2014 to:

Society of Critical Care Medicine
35083 Eagle Way, Chicago, IL 60678-1350 USA
Phone: +1 847 827-7478
Fax: +1 847 493-6478
cmcnamara@sccm.org

Payment:

Check (U.S. funds drawn on a U.S. bank.) or International Money Order, made payable to SCCM

Check Number: _____

Credit Card Information: Visa American Express MasterCard Discover

Card Number: _____ Expiration Date: _____

Name on the Card: _____

Signature of the Cardholder: _____

500 Midway Drive
Mt. Prospect, IL 60056
Fax: (847) 493-6437

Society of Critical
Care Medicine

Memo

To: 2015 SCCM Critical Care Congress Exhibitors

From: Colleen McNamara
Industry Relations Specialist

Date: June 9, 2014

Re: 44th Critical Care Congress
Phoenix, Arizona
January 17-21, 2015

Following is a copy of the Special Function Request Form for SCCM's 44th Critical Care Congress in Phoenix, Arizona. These meetings are for sales and/or staff meetings only and are not intended to be for educational purposes. The maximum space that will be assigned for this type of meeting is up to 25 people. All meetings taking place during the SCCM Critical Care Congress must be approved by the Society, therefore exhibitors requesting space should complete the Special Function Request form. All Exhibitor meetings will be held at the Sheraton Phoenix Downtown Hotel.

If you wish to reserve a meeting room during the 44th SCCM Critical Care Congress, please complete the attached request form and return via email or fax to my attention at: cmcnamara@sccm.org or +1 847 827-6478. Please use the attached fee structure breakdown to determine the cost of your meeting. Payment must accompany your form. Meetings cannot conflict with SCCM educational sessions or events as follows:

Friday, January 16, 2015:

8:00am – 5:00pm Educational Sessions

Saturday, January 17, 2015:

8:00am – 5:00pm Educational Sessions

Sunday, January 18, 2015:

8:00am – 5:45pm Educational Sessions

Monday, January 19, 2015:

6:30am – 5:30pm Educational Sessions

6:00pm – 7:30pm ACCM Convocation (at the Sheraton Phoenix Downtown Hotel)

Tuesday, January 20, 2015:

8:15am – 5:15pm Educational Sessions

Wednesday, January 21, 2015:

8:15am – 11:30am Educational Sessions

Meeting space is limited, so please return your form prior to **September 19, 2014**. Please use **one request form** for each function. Additional forms are available through the SCCM office or you may make copies of this form. Space will be assigned on a first-come, first-served basis and will be accommodated based on the restrictions imposed by the hotel's available function space. Once your meeting room has been assigned, you will receive written confirmation and a copy of your meeting request will be forwarded to the hotel and the audiovisual company for their follow-up with you. Please do not call for your confirmation prior to **September 19, 2014**.

See you in Phoenix!



Please print or type all information requested.
Use one form per function. Make a photocopy for your records.

Company (Must be an exhibitor at the SCCM Critical Care Congress):

Onsite Contact: Contact for Billing:
 Address: Address:
 City: State: Postal Code: City: State: Zip:
 Phone: Fax: Phone: Fax:
 Email: Email:
 Description of function (must **NOT** be an educational session):

Scheduling Info: *(Cannot conflict with any SCCM educational sessions or events as noted on the attached memo)*
 Day: Date: Beginning Time: Ending Time:
 Expected Attendance:

Type of Function

- Meeting Breakfast Lunch Refreshment Break Dinner Reception Other...

(The hotel caterer will contact Groups specifying food or beverage service.)

Seating Arrangement

- Conference Hollow Square Schoolroom Rounds Theater Style Other...

Equipment Requested

- Lectern
 Head table for people
 Microphone (Indicate number of each type) Lectern Table Lavalier Floor

AV Equipment (Indicate number of each type)

- LCD Projector Overhead Projector Projectionist Screen
 Laser Pointer Video Player & Monitor DVD Player & Monitor

Other:

Food and beverages, microphones and A/V requirements will be forwarded to the SCCM Critical Care Congress contractors. The contractors will bill you separately for equipment and labor. The hotel will provide onsite signage; all other signage will not be allowed outside the meeting room.

Payment Information: A non-refundable administrative fee must be submitted with this request.

Incomplete forms will be returned.

- Check (US funds drawn on a US bank) or intl. money order made payable to SCCM **Check #:**

Credit Card: Visa MasterCard American Express Discover

Card No: Expiration Date: **TOTAL PAYMENT**
 Card Holder Name: Signature:

Return this form to Colleen McNamara, SCCM Industry Relations Specialist via fax: +1 847 493-6478 or email: cmcnamara@sccm.org **Forms are due September 19, 2014**

Requests received after this date will not be guaranteed and will be based on space availability.

For SCCM use only

Date Received: Room Assigned:
 Date Returned: **Facility Assigned:**
 Date Assigned:
 Date Sent to Hotel:

SCCM Critical Care Congress

		Non-Exhibitor	10x10	10x20	20x20+
Advisory Boards		\$ 3,000	\$ 1,500	\$ 1,000	No Charge for first day, \$500.00 for additional days
Receptions		<i>Not Available</i>	\$ 1,500	\$ 1,000	No Charge for first day, \$500.00 for additional days
Sales Meetings		\$ 1,500	\$ 750	\$ 500	No Charge for first day, \$250.00 for additional days
Hospitality Suites		<i>Not Available</i>	\$ 750	\$ 500	No Charge for first day, \$250.00 for additional days