





JANUARY 21-23, 2024 | PHOENIX CONVENTION CENTER | PHOENIX, ARIZONA

GIVEAWAY AND DRAWING APPROVAL REQUST 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 5, 2024.

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.

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Print or type y	our name and co	mpany information belo	w. You will receive an email appro	oval.	
Company Nan	ne:		Booth #		
Contact:			Title:		
Address:					
City:		State:	Zip/Postal Code:		
Country:					
Phone:					
Email:					
Signature			Date		
Please check Giveaway		is a giveaway or a draw Item		Description	
	Retu	Society of Crit 500 Mi Mount Prospe	er than January 5, 2024 to ical Care Medicine dway Drive ect, IL 60056 USA ira@sccm.org	:	
		For SCC	CM use only:		
		Date Received			
		Item(s) are approved			
		Item(s) are denied; r	eason:		
		Item(s) are approved	with the following restrictions:		