





## 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 December 17, 2016.

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. You will receive an email approval.

Company Name:			Booth #	
Contact:			Title:	
Address:				
			Zip/Postal Code:	
Country:				
Signature_			Date	
Beverages r	nust be samp		y tickets, cash and noisemakers are pross s must be individually wrapped. F&B g g office.	
Please check	k whether the i	tem is a giveaway or a dra	wing, or both:	
Giveaway	Drawing	Item	Description	

## Return this form no later than December 17, 2016 to:

Society of Critical Care Medicine 500 Midway Drive Mount Prospect, IL 60056 USA cmcnamara@sccm.org

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