



**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 on the Congress mobile app and are highlighted on signage at the company's booth.

**APPLICATION INSTRUCTIONS**

Workshop fees are \$6,000. Application must be received by October 6, 2016. The room is carpeted and set theater-style to accommodate approximately 140 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 and scientifically current.

Topic Title: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

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

Please attach a description of the topic for review and approval. Session dates and times are as follows.\*

**Sunday, January 22, 2017**

11:30 a.m. - 12:30 p.m. (2)

**Monday, January 23, 2017**

9:30 a.m. - 10:30 a.m. (2)

**Tuesday, January 24, 2017**

9:30 a.m. - 10:30 a.m. (2)

\*Times are subject to change

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Return this form no later than October 6, 2016 to:**  
Society of Critical Care Medicine  
35083 Eagle Way, Chicago, IL 60678-1350 USA  
FAX: +1 847 493-6417  
dng@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: \_\_\_\_\_

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FAX: +1 439-7226