



Critical Care Congress

February 25-28, 2018 ▲ San Antonio Convention Center ▲ San Antonio, Texas, USA

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 \$5,000 - \$7,500. Application must be received by October 27, 2017. 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, February 25, 2018

- ☐ 9:30 a.m. - 10:30 p.m. (2)
☐ 12:45 p.m. - 1:45 p.m. (2)

Monday, February 26, 2018

- ☐ 9:30 a.m. - 10:30 a.m. (2)
☐ 12:30 p.m. - 1:30 p.m. (2)

Tuesday, February 27, 2018

- ☐ 9:30 a.m. - 10:30 a.m. (2)
☐ 12:30 p.m. - 1:30 p.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 27, 2017 to:

Society of Critical Care Medicine
35083 Eagle Way, Chicago, IL 60678-1350 USA
FAX: +1 847 847 439-7226
dng@sccm.org



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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: _____

Return Payment To:

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