



REGISTRATION LIST

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- If you choose to use a third-party mail house, direct the mail house to complete and return the attached Mail House Agreement.
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Pre-Congress – Cost: \$1,100		
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Note : To ensure timely receipt of preaccepted after February 27, 2026 .	Congress mailings, orders for pre- re	gistrant lists will not be
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Return this form and a sample of your mail piece to:

Society of Critical Care Medicine
500 Midway Drive • Mount Prospect, IL 60678-1350 USA
Phone: +1 847 827-6888
Brian Fitzgerald, bfitzgerald@sccm.org

Invoice will be sent after application is accepted and processed.

Mailing List License Agreement

THIS AGREEMENT is made as of this	day of	, 20	, between the Society
of Critical Care Medicine ("SCCM" or "Lie	censor"), a Califo	ornia not-for-profi	t corporation, and
	_ ("Licensee"). Ir	n consideration of	f the covenants and
terms contained herein, the parties here	by agree as follow	vs:	

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

	, ,
Licensee by:	
Print Name:	Date
Signature:	

Mail House Agreement

THIS AGREEMENT is made as of this	day of	, 20	, between the Society
of Critical Care Medicine ("SCCM"), a Calif	ornia not-for- _l	orofit corporation,	and
	("Mail House"). In consideratior	of the covenants and
terms contained herein, the parties hereby	agree as follo	ws:	
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use of an independent mailing company to	utilize the list	and which is cont	ingent upon execution
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In the event the Mail House violates any ter	_		
SCCM shall be entitled to recover all costs,	_	=	<u>-</u>
enjoin violation of this Agreement and in pu			
It is the specific intent of the parties that th Agreement to award all available relief incli	•		
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The parties have executed this Agreement a	as of the day a	nd year first abov	e written.
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Print Name:			Date
Signature:			
Mail House by:			
Print Name:			Date
Signature:			