



Exhibiting Company Information

Complete company name, address etc. exactly as it should appear in all SNMMI official publications.

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____ Website: _____

Preferred Booth #: _____

Contact Information

All show information will be sent to the individual listed below (this section is required).

Contact Name: _____ Title: _____

Contact Phone: _____ Fax: _____ Email: _____

Address (if different than above): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Sponsorship Opportunities

Yes, my company would like to sponsor the following*:

- ___ \$1,000+ ACNM Banquet Sponsor (NEW!)
___ \$1,000 Mid-Winter Flyer
___ \$2,000 Educational Gift Certificates
___ \$2,500 Mid-Winter Pens
___ \$2,500 Notepads
___ \$2,500 Lanyards and Badge Holders
___ \$3,000 Morning OR Afternoon Coffee Break
___ \$5,000 Mid-Winter Registration Bags

*All sponsorship revenue from the Mid-Winter Meeting will be applied to the IPOP Program.

Please contact Catherine Lamb at clamb@snmmi.org for more details on the IPOP Program.

Billing Options:

- ___ Please invoice my company for the total booth fee (\$1,800).
___ Please invoice my company for the Sponsorship Opportunity(s) indicated above.
___ Return this form with full payment; payable by check, credit card, or wire transfer.
Make checks payable to SNMMI (in U.S. dollars)

Authorized Signature: _____

Payment Information

___ American Express ___ Mastercard ___ Visa

Credit Card Number: _____ Expiration Date: _____

Name as it Appears on Card: _____ Security Code: _____

Cardholder's Signature: _____

Return Form To:

Catherine Lamb, CMP Associate Director of Meeting Services 1850 Samuel Morse Drive Reston, VA 20190

Direct: 703.652.6764 Fax: 703.709.9274 clamb@snmmi.org