



# Industry Promotional Opportunity Program

## ACCEPTANCE OF EDUCATIONAL SUPPORT BY COMMERCIAL SOURCE

The Sponsor wishes to provide support for the following items during the SNMMI 2018 ANNUAL MEETING

Items: \_\_\_\_\_ Total Cost: \_\_\_\_\_

The Sponsor agrees to abide by the conditions put forth by the Accreditation Council for Continuing Medical Education, Standards for Commercial Support of Continuing Medical Education (**document available upon request**).



Agreed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative

## ACCEPTANCE OF EDUCATIONAL SUPPORT BY THE SNMMI, Inc

In accepting this educational support, the SNMMI agrees to 1) Abide by the ACCME: Standards for Commercial Support of Continuing Medical Education; and 2) Acknowledge educational support by the commercial sources in program announcements, signage at the Annual Meeting, and other program materials.

Agreed Name: Virginia Pappas, CAE Signature: *Virginia Pappas* Date: \_\_\_\_\_  
SNMMI Chief Executive Officer

## SPONSOR REGISTRATION FORM

YES! My company would like to sponsor an event at the 2018 Annual Meeting.  
We understand that we are entitled to all benefits associated with the category selected below.

SPONSOR (Company Name/Branch) \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ (REQUIRED) EMAIL \_\_\_\_\_

Name of Sponsorship Item(s)	Cost	Qty.	Total
<b>Total Sponsorship Cost:</b>			

### Billing options:

- Please invoice my company for the cost of promotional opportunities. Payment will be due within 30 days.
- Return this form with full payment, paid by check\*

**\*Make checks payable to: SNMMI. All checks must be in U.S. dollars drawn on U.S. banks located within the continental United States.**



Authorized signature: \_\_\_\_\_