

INDUSTRY PROMOTIONAL OPPORTUNITIES

ACCEPTANCE OF EDUCATIONAL SUPPORT BY COMMERCIAL SOURCE

The Sponsor wishes to provide support for the following items during the SNMMI 2021 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 2021 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
Total Sponsorship Cost:			

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: _____