

Please complete this form for **each day** an event is to be held during the SNMMI Annual Meeting:

COMPANY NAME

CONTACT PERSON

EMAIL

MEETING NAME

DAY

DATE

START TIME

END TIME

1. Type of Event:

- Internal (Sales/Training/Board)
 Company Meeting - \$250 skip to #5
- Other: *check meeting type that applies below and proceed to #2*
 - User Meeting
 - Customer Event
 - Focus Group
 - Satellite Symposia (**no CE credit**)
 - Media Event

2. If you selected Other, will you have 50 people or more attend the meeting/event?

- Yes - \$4,000, # of people: _____
- No, we will have less than 50 people attend the event - \$2,000

3. For Other events (please pick one):

Eligible meeting times are as follows:

- Saturday, June 8, 8:00pm-end
- Sunday, June 9, 6:00am-8:00am
- Sunday, June 9, 6:30pm-end
- Monday, June 10, 6:00am-8:00am
- Monday, June 10, 6:00pm-end
- Tuesday, June 11, 6:00am-8:00am
- Tuesday, June 11, 7:15pm-end

4. Food and Beverage:

- Yes _____
- No

5. Will you require any Audiovisual?

- Yes _____
- No

6. Set-up Requirements:

of people: _____

- Conference
- Hollow-square
- U-shape
- Theater
- Schoolroom/Classroom
- Rounds
- Crescent Rounds (3/4 rounds)

7. Location Preference (pick one):

- Official SNMMI Hotel
 Preferred Hotel Name: _____
- Metro Toronto Convention Centre
- I will arrange for an off-site location
 Name of Location: _____

Payment Information: (Please note that full payment must be received PRIOR to the event or SNMMI has the right to cancel space for the event.)

- Check enclosed payable in U.S. dollars

Credit Card: Visa MasterCard American Express

Card # _____ Exp. Date: _____ Security Code: _____

Name on card: _____ Signature: _____

Any and all charges for services levied by hotels and other venues are the responsibility of the function sponsor. SNMMI is not responsible for payment for any services connected with the above event. SNMMI has no authority over any service charges, rental fees, labor contracts, etc. that are required by any venue. **We agree to abide by all the guidelines and restrictions of SNMMI.**

Agreed to by: _____ Date: _____

Function Organizer's Signature

Return by Friday, May 3, 2024, to Catherine Lamb, clamb@snmmi.org