

Exhibiting companies agree to abide by all requirements of the ACCME Standards for Commercial Support, Rush University Medical Center will ensure that all decisions relating to the educational content of the CME activity are made free of the control of the exhibitors. Exhibit space at this CME activity has not and will not be given as a condition of grants or commercial support but is a fee for rental of space only.

\_\_\_\_\_  
 Company Name (as to appear on printed material)

\_\_\_\_\_  
 Contact Person (Individual to whom all exhibitor information will be forwarded) Title

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Telephone Fax Email

\_\_\_\_\_  
 Product

\_\_\_\_\_  
 Special Requests/Considerations

**BADGES**

COMPANY REP NAME(S)	TITLE	EMAIL ADDRESS	PHONE

  

GOLD AND PLATINUM ONLY	ADDITIONAL ATTENDEES

**SPONSORSHIP LEVEL**

- PLATINUM     \$10,000      Sunday Lunch Product Theater
- GOLD     \$7,500     (Choose 1)  Early Bird "Breakfast" Product Theater Date choice: \_\_\_\_\_  
 Internet Sponsor    Door Drop
- SILVER     \$4,500     Equipment and floor display allowed, up to (4) badges
- BRONZE     \$2,500     Standard 6 ft. tabletop display only

**PAYMENT**

Method of Payment:  Check (Make check payable to Society of Skeletal Radiology) EIN # 56-1214728  
**Mail Checks to** Society of Skeletal Radiology | 1061 East Main Street | Suite 300 East Dundee, IL 60124 **Attn:** Denise Castetter

Credit Card:      Visa    MC    AMEX    DISCOVER

\_\_\_\_\_  
 Card Number Expiration Date CVV Code

\_\_\_\_\_  
 Name on Card Signature

\_\_\_\_\_  
 Credit Card Mailing Address (if different than above) Total \$ *Please process payment as indicated above*

**Send Payment and Contract for Exhibit Space to:** Society of Skeletal Radiology **Attn: Denise Castetter**  
 1061 E. Main Street, Suite 300, East Dundee, IL 60118 | [denise@veritasmeetings.com](mailto:denise@veritasmeetings.com) | **Fax** 847-649-1704 | **Phone** 973-769-1020