

**2019 Pacific Northwest Chapter SNMMI
Annual Chapter Meeting
March 2 - 3, 2019**

Oregon Health and Science University – Collaborative Life Sciences Bldg
2730 SW Moody Avenue
Portland, OR 97201

Educational Exhibitor Prospectus

Plan to attend the 2019 Pacific Northwest Chapter SNMMI Annual Chapter Meeting, March 2-3, 2019 at the Oregon Health and Science University, Portland, Oregon.

Attendance

Projected attendance is 175-250 nuclear medicine physicians, technologists and radiologists from the leading hospitals and healthcare facilities in Washington, Oregon, Idaho, Montana, Wyoming, Colorado, Utah, Alberta, Saskatchewan, Manitoba and British Columbia, Canada.

Vendor Participation

Vendors may show their support for the radiology and nuclear medicine community by exhibiting with at the 2019 Annual Chapter Meeting. A block of rooms are reserved at the **Marriott RiverPlace Residence Inn, 2115 SW River Parkway, Portland, OR** with a rate of \$189/night. **To reserve a room, use the housing link located at pnwsnmmi.org.** Please book your room by **Friday, February 8, 2019** to receive the discount.

Exhibits: A limited number of tabletop exhibit spaces are available on a first come, first served basis. The Exhibit Area will be located convenient to the educational sessions and the networking functions. The continental breakfasts and coffee breaks will be held in the exhibit area. **Cost per table is \$1200 for commercial companies.** The price includes a 6' skirted table, 2 chairs. The floor is carpeted. An exhibit application is included as part of this prospectus.

Meeting Schedule (subject to change)

Exhibit Set-up	Saturday, March 2, 2019	6:00 am – 7:00 am
Exhibit Hours	Saturday, March 2, 2019	7:00 am – 3:30 pm
Exhibit Hours	Sunday, March 3, 2019	7:00 am – 10:45 am
Dismantle	Sunday, March 3, 2019	10:45 am – 12:00 pm

Application

The application for exhibiting is attached as part of this prospectus. To register, please complete and return the applications to the address below, along with payment of the total due. The PNWSNMMI is a 501c3 Not-for-Profit Association.

Questions?

For additional information concerning the meeting, contact the PNWSNMMI Administrative Office at 630/428-4700 or by email at info@wrsnm.org.

PNWSNMMI, 1240 Iroquois Avenue, Ste. 106, Naperville, IL 60563
Ph: 630/428-4700; Fax: 630/428-7700; E: info@wrsnm.org

2019 ANNUAL MEETING GRANTS & SPONSORSHIPS

The 2019 Pacific Northwest Chapter Society of Nuclear Medicine Annual Meeting will be held March 2-3, 2019 at the Oregon Health Science University. This meeting offers a variety of sponsorship opportunities for your company. From the educational grants for faculty support and program syllabus and sponsorships for refreshment breaks, your company can play a vital role in supporting the 2019 Annual Meeting while raising your company profile to PNWSNMMI members. Come help us celebrate.

For your educational grant or sponsorship dollars, the PNW will recognize your company in the following ways:

- Recognition in the Conference Program Book (company name only)
- Recognition on the PowerPoint Images in General Session Room
- Recognition on appropriate signage
- Complimentary Exhibit Space and one complimentary meeting registration for Grant of \$5000 or more
- Complimentary Exhibit Space and two complimentary meeting registrations for Grant of \$7500 or more

Take a moment to review the various levels of grants and sponsorship and complete the form below. We ask that you respond by **February 22, 2019**, for CME application purposes and so that we may include your company name in the Conference Program Book and appropriate signage. Companies providing Educational Grants will also need to complete a Letter of Agreement.

We hope that you will seriously consider becoming an Annual Meeting grantor or sponsor. We would be pleased to answer any questions you may have. Partial sponsorships can also be considered for the larger events. Please contact the PNWSNMMI Office at 630/428-4700, or by email at info@wrsnm.org. Thank you in advance for your consideration.

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ E-mail _____

SUPPORT LEVELS...check the item(s) you wish to provide (partial sponsorships can be considered):
Major Credit Cards accepted – PNWSNMMI tax ID # 23-7149921.

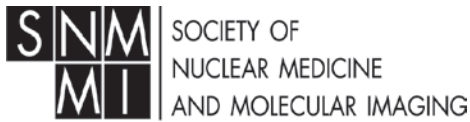
Educational Grants:

- | | |
|------------------------|---------|
| _____ Platinum Sponsor | \$7,500 |
| _____ Gold Sponsor | \$5,000 |
| _____ Silver Sponsor | \$2,500 |
| _____ Bronze Sponsor | \$1,500 |

Sponsorship Support:

- | | |
|--|---------------|
| _____ Continental Breakfasts (Three Available) | \$ 1,000 each |
| _____ Coffee Breaks (Five Available) | \$ 1,000 each |
| _____ Reception | \$ 1,000 each |
| _____ Partial Sponsorships | _____ |

Signature: _____ Date: _____



PACIFIC NORTHWEST CHAPTER

EXHIBIT APPLICATION/CONTRACT

2019 Pacific Northwest Chapter SNMMI

Annual Meeting

March 2-3, 2019

Oregon Health and Science University – Collaborative

Life Sciences Bldg.

2730 SW Moody Ave.

Portland, OR 97201

Application will not be processed without...

- Read the Terms and Conditions on the reverse side of this application
- Complete the Exhibitor Requirements section before signing
- Retain a copy for your files
- Payment in full in U.S. funds
- Signature of official representative

Mail to: PNWSNMMI
 1240 Iroquois Avenue, Suite 106
 Naperville, IL 60563

Telephone: 630-428-4700
 Fax: 630-428-7700
 Email: info@wrsnm.org

EXHIBITOR INFORMATION - Company name and address information should be completed exactly as they should appear in the list of Exhibitor documents.

Company			Telephone
Address			Fax
City	State/Province	Zip/Postal code	Web Site
Official contact	Title	Telephone	Email

EXHIBIT SPACE

The exhibitor fee is \$1200.00 and includes a 6' skirted table and 2 chairs. Two representatives are included in the exhibitor fee.

I do not wish to be near the following companies: _____

Payment Method:

Check enclosed for \$ _____

Charge to my credit card: ___ Visa ___ MasterCard ___ Discover ___ AMEX

Amount: \$ _____

Card # _____ Exp. Date _____ SID# _____

Name as it appears on credit card _____

Signature _____ Date _____

Exhibitor agrees to abide by the terms and conditions on the back of this application/contract. The undersigned is empowered to enter into contracts on behalf of the exhibiting company. This is not a binding contract until signed by the Pacific Northwest Chapter – SNMMI.

Agreed to:

Accepted PNWSNMMI by:

Company Representative

PNWSNMMI Representative

Date

Date

Exhibit Terms and Conditions

1. Application for Exhibit Space

This contract/application must be accompanied by a check or credit card for full payment.

2. Exhibit Eligibility

Product brochures for medical devices and/or drugs which are subject to approval by the United States Food and Drug Administration or other government agency and which are to be exhibited at the PNWSNMMI meeting must be approved by FDA or the appropriate agencies or authorities of the federal, state, or local government. All products and services to be exhibited must be directly related to the practice of nuclear medicine and medicine in general and are subject to review by the PNWSNMMI. Exhibitors may display only those products and services that they regularly manufacture or distribute. Applications deemed ineligible will be returned with exhibit space payment.

3. Exhibitors' Representatives

The application signatory or his designee shall be the official representative of the exhibitor, certify representatives and act on behalf of the exhibitor in all negotiations.

4. Exhibit Space Rental Rates

Tabletop exhibit space will be rented for \$1200.00 to Commercial Exhibitors. Pricing includes entrance for 2 representatives, a 6 foot draped table and two chairs. Exhibitors cannot encroach upon another exhibitor. If two tables are needed, exhibitors need to purchase both at the full rate.

5. Acceptance of Exhibit Space Applications

Applications will be accepted on a first-come, first-served basis. PNWSNMMI will assign all space and reserves the right to rearrange exhibitors at any time. PNWSNMMI reserves the right to relocate exhibitors should it become necessary for causes beyond the control of PNWSNMMI or advisable in the best judgment of PNWSNMMI.

6. Exhibit Space Payment Schedule

Application must be accompanied by full payment in U.S. funds. Checks should be payable to "PNWSNMMI". The Chapter's Tax ID number is 23-7149921.

7. Cancellation/Refund of Exhibit Space Fees

Written notification of cancellation must be received by PNWSNMMI on or before the dates specified. If space is canceled on or before Friday, February 22, 2019, a refund less a 20% cancellation fee will be issued. If space is canceled after Friday, February 22, 2019, the exhibitor shall remain liable to PNWSNMMI for the total rental fee for the space canceled. Space not claimed and occupied prior to 7:00 am, Saturday, March 2, 2019, for which no special arrangements have been made with PNWSNMMI, may be resold or reassigned by PNWSNMMI without obligation on the part of PNWSNMMI to refund exhibit fees, and without obligation to assign the exhibitor to other space.

8. Subletting of Space

Exhibitors may not assign, sublet or apportion to others the whole or any part of the space allocated and may not display goods or services other than those manufactured or regularly distributed by them or their subsidiaries.

9. Insurance & Liability

The exhibitor shall be fully responsible for any claims, liabilities, losses, damages or expenses relating to or arising from an inquiry to any person, or any loss of or damage to property where such inquiry, loss or damage is incident to, arises out of, or is in any way connected with exhibitor's participation in the exhibition (except as otherwise provided in the agreement between PNWSNMMI and the Oregon Health and Science University – Collaborative Life Sciences Bldg, Portland, OR. It is the exhibitor's sole responsibility to obtain, at its own expense; any or all licenses and permits to comply with all federal, state and local laws and City of Bellevue ordinances for any activities conducted in association with, or as part of, the PNWSNMMI Spring Meeting. The exhibitor shall protect, indemnify, hold harmless and defend PNWSNMMI, its officers, directors, and agents against all such claims, liabilities, losses, damages and expenses, including reasonable attorney's fees, and costs of litigation, provided that the foregoing shall not apply to injury, loss or damage caused by or resulting from the negligence of PNWSNMMI, its officers, directors and agents. Exhibitors should maintain general public liability insurance against claims for personal injury, death or property damage incident to, arising out of, or in any way connected with the exhibitor's participation in the exhibition, in an amount of not less than one million dollars (\$1,000,000) for personal injury, death or property damage in any one occurrence. Such insurance should include coverage of the indemnification obligations of the exhibitor under these terms and conditions and should cover PNWSNMMI as an additional named insured. Each exhibitor is responsible for obtaining, for its protection and entirely at its expense, such property insurance for its exhibit and display materials as the exhibitor deems appropriate. Any policy providing such property insurance must contain an express waiver by the exhibitor's insurance company of any right of subrogation as to any claims against PNWSNMMI, its officers, directors and agents.

All agents or representatives performing services at the Oregon Health and Science University – Collaborative Life Sciences Bldg, Portland, OR directly for an exhibitor, other than the exhibitor's employees, must be prepared to provide PNWSNMMI with original certificates of insurance. In the event any part of the exhibit area is destroyed or damaged so as to prevent PNWSNMMI from permitting an exhibitor to occupy assigned space during any part or the whole of the exhibition period, or in the event occupation of assigned space during any part or the whole of the exhibition period is prevented by strikes, Acts of God, terrorism, national emergency or other cause beyond the control of PNWSNMMI the exhibitor will be charged for space during the period it was or could have been occupied by exhibitor, and exhibitor hereby waives any claim against PNWSNMMI, its directors, officers and agents for losses or damages which may arise in consequence of such inability to occupy assigned space, its sole claim against PNWSNMMI being for a refund of rent paid for the period it was prevented from using the space.

10. Exhibitor Terms and Conditions

The exhibitor understands and agrees that these Terms and Conditions are an integral and binding part of this contract.