



EXHIBITOR & SUPPORTER PROSPECTUS

GENERAL INFORMATION

The Society for Academic Continuing Medical Education (SACME) is a volunteer organization currently comprised primarily of Directors, Associate Deans and Deans of CME departments within North American medical schools. We anticipate attendance at this meeting to be approximately 130-150 SACME members and nonmembers.

We view the addition of exhibitors/supporters to this meeting as a benefit to attendees as well as an opportunity for the organization to support education of our members while receiving positive company recognition.

DEADLINE

Exhibit/support form must be received by April 1, 2018. Exhibit space is limited; applications will be accepted on a 'first paid, first booked' basis.

RECOGNITION

Exhibitor/supporter information will be published in the final program for the meeting thanking them for their support at all general sessions of the meeting. Recognition will also be provided on SACME's website, www.sacme.org.

EXHIBIT DATES are April 25, 26, & 27. Setup will be April 24 from 1:00pm - 6:00pm. Exhibitors can tear-down after the final break on April 27, around 3:00 pm.

EXHIBIT FEES

\$1,000 Non-Profit

Includes the exhibit package

\$1,200 For-Profit

Includes the exhibit package

The "exhibit package" includes 1 table-top, 1 representative*, acknowledgement in program materials, and Meals. (*Note: exhibiting does not include attendance at the meeting sessions*)

* A second representative is an additional \$200 (does not include meeting session attendance).

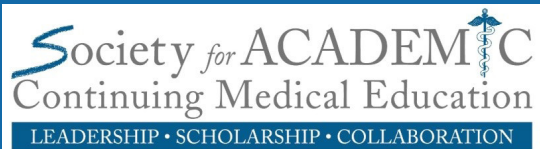
SUPPORT

\$2,500 Gold Supporter

Includes 1 gratis registration to the meeting and an exhibit table

\$5,000 Platinum Supporter

Includes 2 gratis registrations to the meeting and an exhibit table



2018 SACME ANNUAL MEETING

CME/CPD: BUILDING BRIDGES FROM LEARNING TO OUTCOMES

San Antonio, Texas • April 25-28, 2018

EXHIBITOR/SUPPORTER REGISTRATION FORM – OR REGISTER ONLINE AT WWW.SACME.ORG

Contact: First Name _____ Last Name _____

Organization/Company: _____

Address: Street _____

City _____ State/Province _____ Zip _____ Country _____

Phone: () _____ ext. _____ E-mail: _____

Please check the applicable fees below:

Exhibit Fees (please see the description on the first page for what fees include):

\$1,000 non-profit \$1,200 for-profit

\$200 extra representative

Grant Support Levels (please see the description above for what each grant level includes):

\$2,500 Gold Support \$5,000 Platinum Support; will you exhibit? Yes No

Payment Method:

Check payable to: **Society for Academic CME (or SACME)**

Credit card: _____ MasterCard _____ VISA _____ American Express

Cardholder's Name _____

Card Number _____ Expiration Date _____

Description of Your Organization (for program):

Please Return the Registration Form and Payment to:

SACME
35 E. Wacker Dr., Suite #850
Chicago, IL 60601
info@sacme.org
Phone: 312.224.2522
Fax: 312.644.8557

SACME reserves the right to select which companies are eligible for support/exhibit opportunities. A full refund will be provided should support not be accepted from your company.