



Advancing Molecular Imaging and Therapy

PO Box 16085
Pittsburgh, PA 15242
Tax ID: 23-7149925

The Pittsburgh Chapter of the Society of Nuclear Medicine is pleased to extend to your company the opportunity to exhibit at our Annual Fall Meeting to be held at the Regional Learning Alliance at Cranberry Woods on Saturday, November 2nd 2013.

Our annual meetings are popular events with over 200 physicians, technologists and students attending each meeting. The Pittsburgh Chapter SNM-TS meetings are great opportunities to meet with your current customers as well as gather potential opportunities.

We are offering tabletop booths at \$1000.00 for Fall Symposium.

Exhibit set-up is Saturday morning from 6:00 am to 7:30 am. Exhibit hours are from 7 am to 3 pm. The exhibit hall will be located adjacent to the meeting rooms. Space is limited and open to exhibiting companies on a first come, first served basis. The open design of the facility lends all Tabletop assignments to be "PRIME" in location. Exhibits will be open to all meeting attendees, SNM officers, and SNM-TS officers.

All sponsors will be acknowledged on signage at the event and an announcement during the program. Exhibitors may gain additional exposure by sponsoring opportunities listed below.

ADDITIONAL
Sponsorship Opportunities

A.M Coffee/Break Sponsorship
\$600 (additional fee)

P.M Snack/Break Sponsorship
\$600 (additional fee)

Thank You and we look forward to the opportunity to work together with you and your company at our upcoming Fall 2012 Symposiums!

Sincerely,

Michael Czachowski, CNMT

President, Pittsburgh Chapter, SNM-TS

A handwritten signature in black ink that reads "Michael R. Czachowski". The signature is written in a cursive style and is contained within a thin black rectangular border.



Exhibitor Application Form

Exhibiting Company Information

Complete company name, address etc. exactly as it should appear in all chapter publications

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____ e-mail: _____

Contact Person Information

All information will be sent to the person listed below. **Contact's email address is required.**

Name: _____ Title: _____

Address (if different than above): _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____ e-mail (**Required**): _____

Exhibit / Sponsor Selection

Please indicate below the exhibit and/or sponsorship your company wishes to provide for the 2012 Spring and/or Fall Symposiums. All space will be assigned on a first come first served basis.

_____ Tabletop Booth at \$1800.00(Spring and Fall 2012)

_____ Tabletop Booth at \$ 1000.00 Meeting,(Spring or Fall) please select which you will be attending.

_____ Additional - A.M Coffee / P.M Break Sponsorship at \$600

_____ Additional - Lunch Sponsorship at \$600

Authorized Signature _____

PAYMENT:

All payments are due in full 60 days prior to the event. Please return this form with full payment, payable only by check. Make checks payable to: **Pittsburgh Chapter, Society of Nuclear Medicine.**

Return Form To:

SNM Pittsburgh Chapter

PO Box 16085

Pittsburgh, PA 15242

Please contact Seyed Mohammadi with any questions?

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