AN INVITATION TO EXHIBITORS/SPONSORS/ RECRUITERS OF NUCLEAR MEDICINE AND RELATED PRODUCTS

***SCSNM Spring MEETING***

 ***March 29, 2025***

***Cooperative Conference Center***

[*169 Laurelhurst Avenue*](https://goo.gl/maps/kp5UmwsZDFhSX26LA)

[*Columbia, SC 29210*](https://goo.gl/maps/kp5UmwsZDFhSX26LA)

***On behalf of the members of the South Carolina Society of Nuclear Medicine, we wish to invite you to participate in this meeting as an exhibitor/sponsor/recruiter.***

***Your participation in this meeting as an exhibitor/sponsor/ recruiter will benefit you because many of the attendees at this meeting are decision makers who purchase Nuclear Medicine, PET, and other medical equipment, supplies and services.***

***To reserve your space, please complete and return the enclosed contract. If you have any questions, please call or contact me at the above number or email me at runeyk425@gmail.com . We look forward to welcoming you at this meeting.***

***Sincerely,***

***Convention Planner***

EXHIBIT SCHEDULE

Place: Cooperative Conference Center

Set-Up Time: March 29, 2025 beginning at 6:30 am. Dismantling: March 29, 2025 by 3:00 pm.

***South Carolina Society of Nuclear Medicine***

***Exhibitors/Sponsors Application***

***March 29, 2025***

***Cooperative Conference Center***

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[*Columbia, SC 29210*](https://goo.gl/maps/kp5UmwsZDFhSX26LA)

 ***Cut-Off Date for reservation: March 5, 2025***

 ***The undersigned hereby makes application as Exhibitor/Sponsor for the SCSNM Annual Meeting mentioned above.***

***Table Top Desired: \_\_\_\_yes\_\_\_\_no Total Cost for 1 day conference $600.00 per Exhibitor/Sponsor***

 ***(2) registrations per $600.00 sponsorship.***

***Name of Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_Fax No.\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_ Company Representatives:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Authorized Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_***

***Company Representatives:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Company Representatives:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any sponsorship under $800.00 will receive acknowledgement if received by cutoff date.***

***Katherine White, SCSNM Meeting Planner TAX ID # 47-3481132***

***Return this form with payment to: SCSNM***

***408 Hollow Cove Road***

***Chapin, SC 29036***

***Payment in full must be received no later than March 5, 2025 to insure sponsorship acknowledgement in the program. Appropriate signage will be provided if you choose to exhibit.***