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 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

EXHIBITOR & SUPPORTER PROSPECTUS

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.
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.