



Support Opportunities for:  
**“Nuclear Cardiology for the Office-Based Practice”**  
April 16-17, 2010  
Philadelphia, PA

### **Receptions/Satellite Programs**

Receptions and satellite programs are held outside the “Nuclear Cardiology for the Office-Based Practice” official program times. The session may offer continuing education credits and the supporting organization must arrange for the CME. The supporting organization must provide at their own expense audio visual, and food and beverage.

Only one reception or satellite program will be allowed and it will be offered on a first-come, first-served basis. Supporting organization must pay a fee of \$4,000 to ASNC in order to host a reception.

#### *Reception Guidelines:*

- *All costs related to the use of function space are the responsibility of the supporting company*
- *Any promotion of the reception must be approved by ASNC*
- *ASNC does not co-sponsor satellite programs. Announcements must clearly indicate the name of the supporter*

### **Table Top Exhibits**

Supporting organizations will be provided with a 6 ft table near ASNC Registration. Promotional material may be displayed and attendees may visit the tables during conference breaks. A representative from the supporting organization must be present to set-up and break down the table. The cost for a table top exhibit is \$2,000.

### **Conference Bag Inserts**

Support of Conference Bag Inserts is available in recognition of a grant of \$750 for a one page insert (no larger than 8-1/2” wide x 11” high) and \$1,000 for an 8-1/2 x 11 brochure. ASNC will place insert in all attendee conference bags. Supporting Organization must provide inserts.

Please contact Kaitlin Prosser of ASNC at [kprosser@asnc.org](mailto:kprosser@asnc.org) if you have any questions. Discounts may be considered for sponsorship in multiple categories.

**Support Opportunities are confirmed on a first-come, first-served basis upon receipt of a written commitment made by letter or fax. In the case of simultaneous requests, a postmark or time of electronic transmission will determine support.**

# Application & Contract for Tabletop Space or Conference Bag Inserts

**Nuclear Cardiology for the Office Based Practice  
American Society of Nuclear Cardiology  
Hyatt Regency Penn's Landing  
Philadelphia, PA  
Session — April 16-17, 2009**

Please complete entire application. This application will not become a binding contract until it is approved and countersigned by an authorized representative of the American Society of Nuclear Cardiology.

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(Please type or print clearly)

Company Name : \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (        ) \_\_\_\_\_ Ext. \_\_\_\_\_

(800) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Company Contact: \_\_\_\_\_

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Describe What You Plan to Exhibit/Include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Deposit/Authorization:

I have enclosed the payment of \$\_\_\_\_\_. Payment may be made by US Funds drawn on a US bank, Check or Money Order payable to ASNC, or by VISA, MasterCard, or American Express.

Type of card \_\_\_\_\_ Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ CVS/security code \_\_\_\_\_

I am an authorized representative of the Company with the full power and authority to sign and deliver this application.

Authorized Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application to: ASNC, 4550 Montgomery Avenue, Suite 780 North, Bethesda, MD 20814 or Fax: (301) 215-7113

### FOR ASNC USE:

Date Received: \_\_\_\_\_

Signature of Authorized Individual Representing ASNC: \_\_\_\_\_