

# AAPM Midwest Chapter Vendor Sponsorship Form

## Request for Sponsorship/Funding Application

Date of Application: \_\_\_\_\_

Name of Organization: AAPM Midwest Chapter

Mailing Address:

John Mathai  
AAPM Midwest Chapter Treasurer  
6061 Russell Dr  
Hoffmann Estates, IL 60192

Phone No: 847-618-6597

E-Mail: jmathai@nch.org

Check payable to: AAPM Midwest Chapter (checks only: no credit cards will be accepted)

What is the dollar amount requested from the Vendor: \$350.00 suggested fee; amount subject to change

Please describe how these funds will be utilized: Sponsoring Meeting

Are you seeking support from other sources for this meeting or educational symposium/seminar?

Yes ☒ No ☐

### Type of Request:

Sponsorship ☒ Exhibitor ☐ Speaker ☐

### Purpose of Application:

Brief Description of your Organization: AAPM Midwest Chapter

Name of project/meeting/educational symposium or seminar: \_\_\_\_\_

Date of meeting/educational symposium or seminar: \_\_\_\_\_

Location of meeting/educational symposium or seminar: \_\_\_\_\_

Description of project/meeting/educational symposium or seminar: \_\_\_\_\_

Please include a copy of the meeting agenda. Will send when available

### Meeting Objectives:

What are the program's objectives? Scientific & Professional Exchange and Growth

How will this project/meeting/educational symposium or seminar benefit the medical community?

It will promote understanding of current practices of Medical Physics in the medical community

What recognition value would be provided for the Vendor? The Vendor will be able to display their products and meet/speak with a large number of medical physicists from the Chicago area

### Educational Units Offered:

How many CME/CE units will this program offer: ☒ None ☐ 1-9 ☐ 10+

Who is the target audience for this program?

☐ Oncologists ☒ Physicists ☒ Dosimetrists ☒ Therapists ☐ Other: Please specify: \_\_\_\_\_

How many attendees/participants do you expect to attend this meeting?

☐ 1-50 ☒ 51-100 ☐ 101-200 ☐ 201 +

If this project or meeting is an accredited educational event (CME or CE), please attach a copy of the certification. NA

**Exhibit Opportunity with Sponsorship:**

If sponsorship includes exhibit opportunity, what type of booth space is provided?

☒ Table Top                      ☐ 10'x10' In-line Booth

What is the cost of booth space separate from sponsorship? \$350.00 suggested fee, subject to change

Will complimentary names badges or registrations be provided for Vendor attendees?

☒ Yes   ☐ No                      How many: As many as requested

To complete this application, please read and sign the following certification.

I hereby certify the information contained in this application is true and accurate. I also certify that (insert name of organization) AAPM Midwest Chapter will not consider Vendor's participation or sponsorship of any part of this proposed project when evaluating, awarding or renewing any contracts with the Vendor, or when purchasing or recommending the purchase of any medical item or service provided by the Vendor.

Requestor Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

**Please submit a copy of this form with payment to John Mathai, AAPM Midwest Chapter Treasurer (address above). Also, please submit a copy of this form to the Midwest Chapter AAPM President (John C. Roeske) via email: [jroeske@lumc.edu](mailto:jroeske@lumc.edu).**