

AAPM Midwest Chapter Vendor Sponsorship Form

Request for Sponsorship/Funding Application

Date of Application: _____
Name of Organization: AAPM Midwest Chapter
Mailing Address: Dr. John Fan, PhD
Radiation Oncology
Edward Cancer Center
120 Spalding Drive
Suite 111
Naperville, IL 60540
Contact Name: Dr. John Fan, PhD
Title: AAPM Midwest Chapter Treasurer
Phone No: 630-646-6155
E-Mail: jfan@edward.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

Speaker Opportunity with Sponsorship:

If sponsorship includes Speaker Request, what type of Speaker is required?
 M.D. Physicist/Dosimetrist Neurosurgeon Therapist Administrator

Would a Vendor employee be an appropriate speaker for your meeting? Yes No

What would the subject/topic be for this Presentation?

Please note: If a Vendor does provide a Speaker, the Vendor will distribute all consulting fees/expenses/airfare directly to the Speaker, not to the Association.

Exhibit Opportunity ONLY:

Table Top 10'x10' In-line Booth

Cost of booth space: \$350.00

Will complimentary badges be included: Yes No How many As many as requested

Speaker Request ONLY:

What type of Speaker is required at this meeting?
 M.D. Physicist/Dosimetrist Neurosurgeon Therapist Administrator

Would a Vendor employee be an appropriate speaker for your meeting? Yes No

What would the subject/topic be for this Presentation? _____

Please note: If a Vendor does provide a Speaker, the Vendor will distribute all consulting fees/expenses/airfare directly to the Speaker, not to the association.

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: _____ Requestor Signature: _____
Date: _____

**Please submit a copy of this form to the Midwest Chapter AAPM President-elect via email:
Mary Ellen Smajo: mesmajo@comcast.net**