

2025 High Country Nuclear Medicine Conference

DoubleTree by Hilton Park City

March 1 – 4, 2025

SPONSORSHIP APPLICATION

INFORMATION: Please list your company name EXACTLY how you wish it to appear in promotional materials.

Company: _____ Contact (name): _____

Title: _____ Phone: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Level of Support Selected:

- Contributor - \$1,500
- Supporter - \$3,250
- Featured Sponsor - \$5,500
- Title Sponsor - \$8,000

All Partners receive:

- Company name and logo on High Country Nuclear Medicine website: www.hcnmc.org
- Acknowledgement on session slides before High Country meeting sessions
- Logo on signage at the event (*if provided by February 3, 2025*)
- One 6' skirted tabletop exhibit space: exhibits are in the educational session room. (*Sponsors have the option not to use their tabletop exhibit space.*)

In addition to these benefits, Industry Partners will receive the following sponsor designation and benefits based on level of support:

Contributor - \$1,500 (Registration is not included and is an additional cost.)

Supporter - \$3,250

- One (1) complimentary registration for company staff to the High Country Nuclear Medicine Conference
- Company Description on Website

Featured Sponsor - \$5,500

- Two (2) complimentary registration for company staff to the High Country Nuclear Medicine Conference
- Company Description on Website
- Link to your home page from the HCNMC website

Title Sponsor - \$8,000

- Three (3) complimentary registrations for company staff to the High Country Nuclear Medicine Conference
- Company Description on Website
- Link to your home page from the HCNMC website
- Individual signage at event
- Table placement next to or near food and beverage area for high attendee traffic.

Additional Sponsorship Opportunities Available to Supporter and Above Sponsorship Levels

- ❑ **Exclusive Bar Sponsorship - \$7,500** – After a day of learning attendees appreciate the chance to relax and network with the beverage of their choice. Your sponsorship will be highly visible on cocktail napkins and signage near the bar area so attendees will know who to thank! *Quantity available: 1*
- ❑ **Breakfast Buffet - \$3,500 per or \$12,500 for all four** - Breakfast is the most important meal of the day – both from a networking and nutritional perspective. Participants will notice your company’s name and logo on signage near the tables and buffets. *Quantity available: 4*
- ❑ **Afternoon Refresh Break - \$2,500** – Your logo appears on signage at the break so attendees will know who to thank for the pick-me-up. *Quantity available: 4*
- ❑ **Registration Confirmation Sponsor - \$1,500** - Exclusive sponsorship of the attendee Registration Confirmation will place your logo and website link directly in the attendee hands. One of the most referenced conference publications is the registration confirmation and they will not miss your logo! *Quantity available: 1*
- ❑ **Sponsored E-Blast - \$1,000** - Sponsor to provide graphics and text. E-blast sent from HCNMC's communications to all registered attendees. *Quantity available: 3*
- ❑ **Directional Signage - \$900** - This cost-effective sponsorship places your company artwork on the entire back side of three directional meter boards (1 meter wide, 8’ tall) *Quantity available: 3*

CANCELLATION POLICY: No refunds due to sponsorship cancellation will be granted. Sponsor will be obligated to pay any outstanding balance due on sponsorship as outlined in this sponsor application.

COMPANY LOGO: I agree to submit my company logo to the sponsorship manager via email within 1 business week of signing the sponsorship agreement. If my company logo changes at any point, I will notify the sponsorship manager immediately and send the new logo. Due to production time of certain items if a logo change occurs.

TABLETOP EXHIBIT SPACE: ____ I am opting out of using my Tabletop Exhibit Space.

AUTHORIZATION: By signing, I agree that I have read the above guidelines, and agree to abide by the terms and conditions set forth. This Agreement must be signed to confirm sponsorship.

X _____ AUTHORIZED SIGNATURE DATE _____

HCNMC can only accept check payments.

MAIL CHECK TO:
HCNMC 2025 Sponsorships
5500 Cherokee Ave, Ste 550
Alexandria, VA 22312

Please make check payable to: **SNMMI**
Federal Tax ID# 36-2496678

Memo Line: **HCNMC 2025 Sponsorship**