



**south central association  
for clinical microbiology**

**SPRING MEETING  
MARCH 22-24, 2012**

**“MICROBIOLOGY IS A SAFE BET”**



**INDIANAPOLIS MARRIOTT EAST  
HOTEL  
INDIANAPOLIS, INDIANA**

# SCACM EXHIBIT SPACE APPLICATION

Applications received before February 15, 2012 will receive priority space assignment.  
After February 15, assignment will be based on availability.

You may reserve space for your use in the Exhibit Area at the Annual Spring Meeting of the South Central Association for Clinical Microbiology (SCACM) to be held at Marriott East Hotel, Indianapolis, Indiana on MARCH 22-24, 2012.

## EXHIBITOR FEES:

CATEGORY	1 <sup>st</sup> Booth	Add. Booths
Sustaining Member (2012)	\$500	\$400
Non-Member	\$700	\$600

Additional Lunches (2 provided)

\$20.00 per lunch

1. Name of Exhibitor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. Total Number of Booths \_\_\_\_\_

Total Number of Additional Lunches (2 Lunches included with first booth only) @ \$20.00 each \_\_\_\_\_

3. Total Payment Enclosed \_\_\_\_\_

4. Preferred Location (Use Booth Number from the Floor Plan Provided)

1<sup>st</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

4<sup>th</sup> Choice \_\_\_\_\_

5. Theme of the Meeting: Accelerate your Microbiology

6. Names of Exhibit Representatives (Please provide names of all representatives to be registered.)

\_\_\_\_\_  
\_\_\_\_\_

7. We request that our booth space not be adjacent to or opposite the following probable exhibitors, if at all possible.

\_\_\_\_\_  
\_\_\_\_\_

8. Contact Person for Booth Assignment

Name (Print): \_\_\_\_\_

Address if different than above

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

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

9. Please make check Payable to South Central Association for Clinical Microbiology (SCACM) and mail to:

Timothy L. Overman, Ph.D.  
3062 Breckenwood Drive  
Lexington, Kentucky 40502-2959  
859-381-5938, Facsimile Machine: 859-381-5925  
timothy.overman@uky.edu

Please See SCACM Exhibitor Checklist on last page of this brochure.



# south central association for clinical microbiology

## 2012 SUSTAINING MEMBERSHIP APPLICATION

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

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

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

Telephone #: \_\_\_\_\_

Facsimile #: \_\_\_\_\_

Company's Website Address: \_\_\_\_\_

Name of person completing Application: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

E-mail Address: \_\_\_\_\_

**Annual Sustaining Membership dues are \$100.00**  
**The fiscal year for the Association is January 1, 2012 to December 31, 2012**

Sustaining Membership provides the following benefits:

- You will receive advance copies of SCACM Spring meeting and Fall Regional meeting programs.
- You will receive copies of the SCACM Newsletter published twice each year in which all Sustaining Members' company names are prominently displayed.
- You will be able to exhibit at the Spring Meeting at a reduced booth rate (\$450 vs. \$650).
- Your firm's name will be prominently displayed in all copies of the SCACM Meeting Program.
- SCACM will provide a link from its web site, [www.scacm.org](http://www.scacm.org), to your company's web site.
- Representatives of your company will be eligible for the SCACM Member rate when registering for the Fall 2012 SCACM State Meetings.

If you would like to be a SCACM Sustaining Member for 2012, please complete this form and send it with a check, **payable to SCACM**, to the following address.

**Timothy L. Overman, Ph.D.**  
**3062 Breckenwood Drive**  
**Lexington, Kentucky 40502-2959**  
**859-381-5938, Facsimile Machine: 859-381-5925**  
**[timothy.overman@uky.edu](mailto:timothy.overman@uky.edu)**

**Please See SCACM Exhibitor Checklist on last page of this brochure.**

# EXHIBIT RULES & REGULATIONS

## DATES & HOURS

### Thursday March 22, 2012

Installation.....12:00-5:00 PM  
Exhibitors Meeting\*.....5:00 PM  
Exhibit Hours.....7:00-9:00 PM

\* All exhibitors are requested to attend. Exhibit information will be provided at this meeting.

### Friday March 23, 2012

Exhibit Hours...10:15-11:15 AM and 1:30-3:00 PM  
Removal\*.....3:00-5:00 PM

\*Exhibits must not be dismantled before the 3:00 PM closing of the Exhibit Area.

Exhibit Fee includes 2 tickets for the Friday Noon Luncheon. Exhibitors who want to attend the scientific sessions may do so without incurring any additional costs.

Tickets for the Friday night social event (tentatively scheduled for the Indiana Live! Casino) may be purchased for \$20 each.

## PLACE

Indianapolis Marriott East  
7202 East 21<sup>ST</sup> Street  
Indianapolis, IN 46219  
Sales Information: 317-322-3716 x1168  
Hotel Reservations: 800-228-9290, 317-352-1231  
FAX: 317 352-9775

## BOOTHS

Each booth will be 6' x 10' and includes a skirted table, two chairs, 8' high back curtain, 3' high side dividers, a 7" x 44" sign. **Electrical service will be provided to each booth at no extra cost.** Other exhibit needs must be rented from the George Fern Co., whose address and phone number can be found in the next column.

## LIABILITY

Exhibitors shall assume all responsibility for their damage to the exhibit areas. Exhibitors are also responsible for their equipment.

## ASSIGNMENT OF SPACE

Assignment of booth space and location will be made in the following order.

1. Sustaining Membership for 2012 shall be considered in granting space and location priority.
2. Non-member vendors will be granted priority based on order of receipt of exhibit fees.

**Completed Applications including payment must be received by March 9, 2012**

The floor plan for the Exhibit Area can be found on the next page of this brochure. SCACM reserves the right to rearrange the floor plan and/or relocate exhibits.

## SHIPPING INSTRUCTIONS

All shipments must be prepaid and arrive by March 20, 2012. Each package shipped must have the following information on the label

1. Your Company's Name
2. Show Name: South Central Association for Clinical Microbiology Meeting, March 22-24, 2012
3. Booth Number.
4. A service kit with preprinted labels will be sent to all exhibitors

Ship Exhibit Materials to:

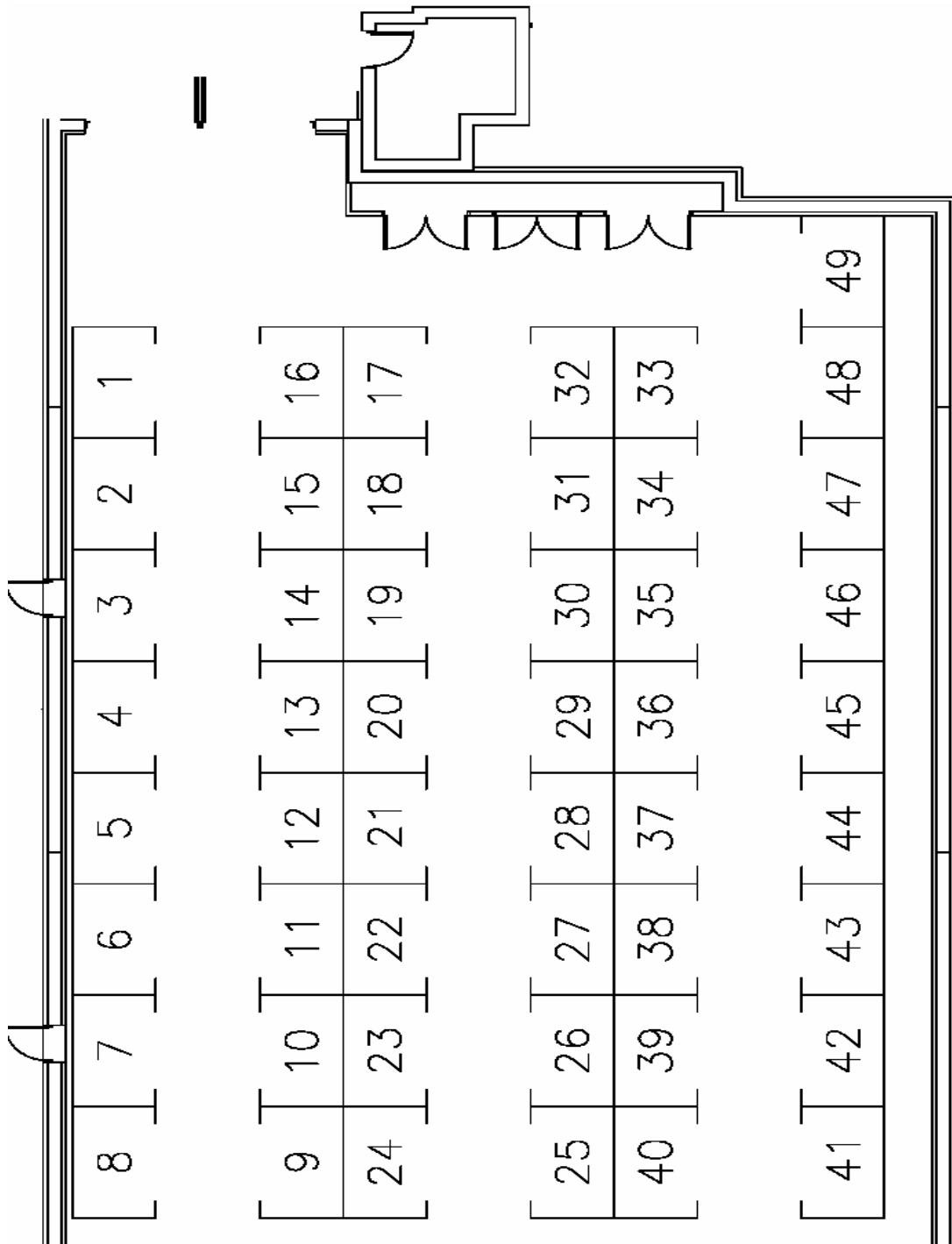
George Fern Exposition & Event Services  
1147 S. White River Pkwy, E. DR.  
Indianapolis, IN, 46225  
502-367-0254, Facsimile 502-368-0284

## HOTEL ACCOMMODATIONS

The official meeting hotel is Indianapolis Marriot East Hotel. Exhibitors must make their own room reservations with the hotel. The SCACM rate is Single/Double, \$104.00; Triple/Quad, \$114 per night, plus tax. **The cut-off date for reservations is 3/12/12.** For reservations call 800-228-9290 or 317-352-1231 or use the reservation link below. **If you use the reservation link, please enter your arrival and departure dates. The link is set with default arrival and departure dates of 3/21/11 and 3/25/11, respectively.**

<http://www.marriott.com/hotels/travel/INDDT?groupCode=SCASCAA&app=resvlink&fromDate=3/21/12&toDate=3/25/12>

**SCACM FLOOR PLAN**  
**INDIANAPOLIS MARRIOTT EAST HOTEL**  
**LIBERTY HALL CONFERENCE CENTER**  
**MARCH 22-24, 2012**  
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# **EDUCATIONAL ACTIVITY FUNDING OPPORTUNITIES**

**At previous SCACM meetings, many vendors have chosen to provide funding to support various activities occurring during the meeting. This support has the tremendous impact of keeping our meeting costs low and the quality of the educational program high, so that SCACM continues to be the premier clinical microbiology event at an affordable cost to bench level technologists.**

**Examples of support that has been provided in the past:**

- 1. Unrestricted educational grants**
- 2. Direct sponsorship of speakers (travel expenses, etc.)**
- 3. Funding for coffee breaks, social activities, etc.**
- 4. Purchase Audioconferences and/or CD-ROMs for our drawings during exhibit hours.**
- 5. Sustaining membership. (See application form on page 3.)**

**If your organization is interested in providing support in this manner, or if you have any questions, please contact:**

**Mike Brandon  
SCACM Spring Program Coordinator  
937-641-3902  
E-mail: [brandonm@childrensdayton.org](mailto:brandonm@childrensdayton.org)**

**Or**

**Paul Lephart, Ph.D.  
SCACM Corporate Liaison Chair  
313-933-0490  
Email: [plephart@dmc.org](mailto:plephart@dmc.org)**

# SCACAM EXHIBITOR CHECKLIST

Completed Sustaining Membership Application   
Included Sustaining Membership Fee (\$100)

Completed Exhibit Space Application   
Included Exhibit Space Fee(s)  
Sustaining Member Exhibit Fee (\$500)   
Sustaining Member Add.Booth Fee (\$400/booth)   
Non-Member Exhibit Fee (\$700)   
Non-Member Add. Booth Fee (\$600/booth)   
Additional Luncheon Tickets (\$20 each)   
(Note: 2 Luncheon Tickets included with 1<sup>st</sup> booth)  
Friday Night Social (tentatively scheduled at the  
Indiana Live! Casino) (\$20 each)

Made Check Payable to SCACM   
(Note: A single payment for all fees is acceptable.)

For Credit Card Payment,  
Please print clearly the following information:

American Express  Discover  MasterCard  Visa

Credit Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (mm/yy) Amount: \$ \_\_\_\_\_

Customer Billing Information (required):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Billing Address (Credit Card Owner): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailed Completed Application(s) & Payment(s) to:

Timothy L. Overman, Ph.D.  
3062 Breckenwood Drive  
Lexington, Kentucky 40502-2959  
859-381-5938, Facsimile Machine: 859-381-5925  
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