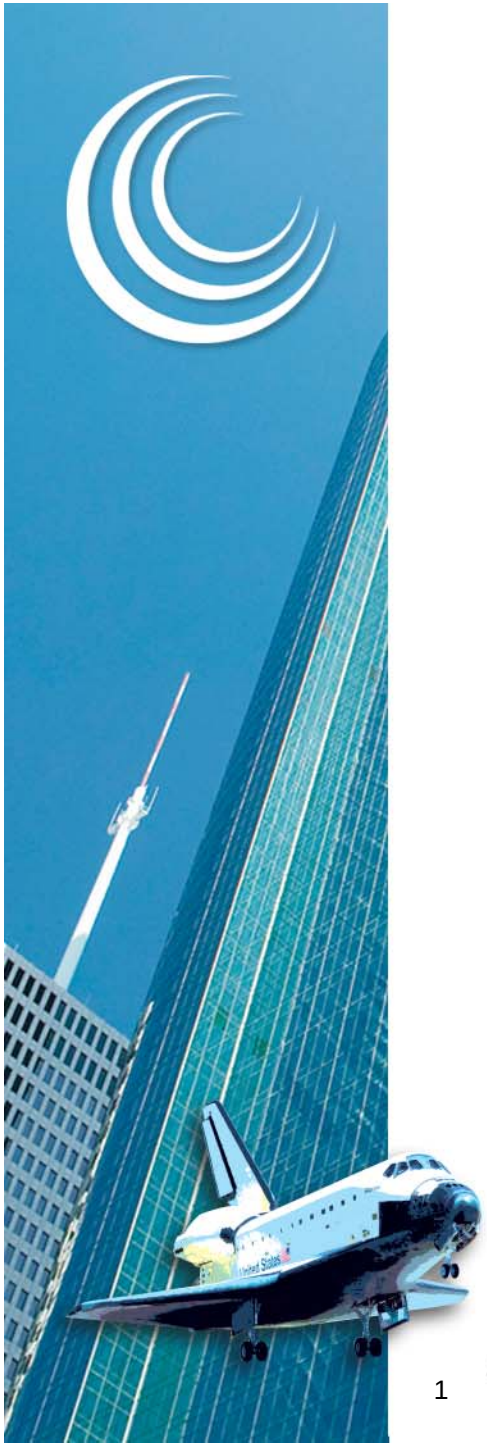

41st Critical Care Congress

February 4 – 8, 2012

ADVERTISING

Reaching decision-makers and thought leaders in critical care medicine

Right Care Right Now.

Society of Critical Care Medicine
The Intensive Care Professionals

ENHANCED LISTING RESULTS

- Congress Program App
  - More than 50% of Congress Attendees downloaded the Congress Program App
    - 1,025 used the iPhone app
    - 2,096 used mobile web site
  - Average was 8 page views per unique user

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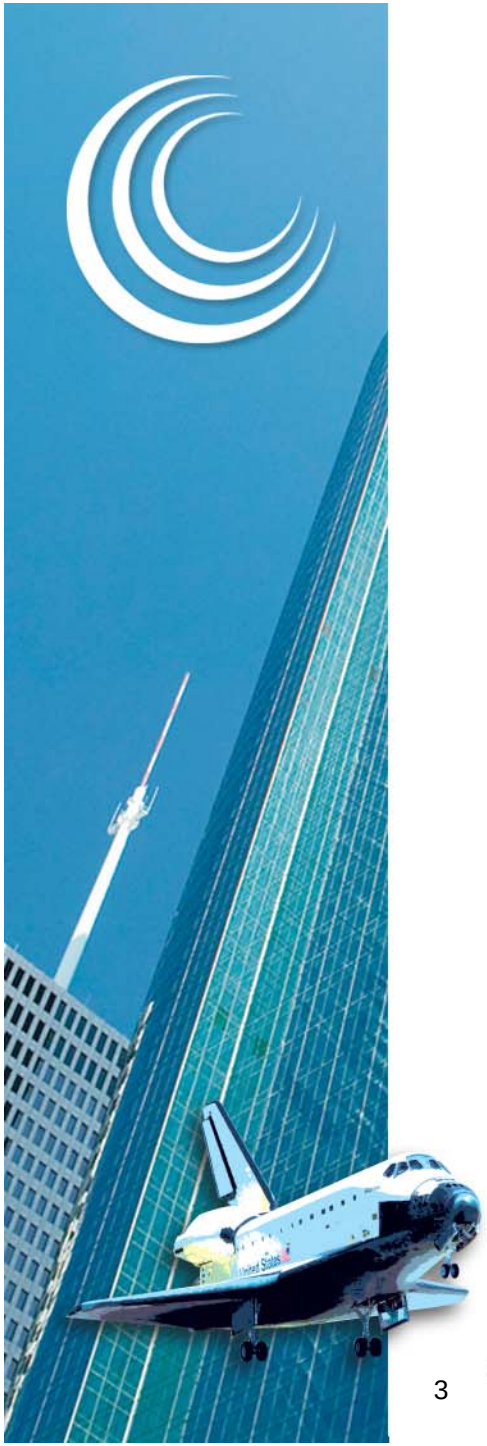

ENHANCED LISTINGS

- **Print:** Program and Exhibition Guide and Pocket Pal
  Company Logo printed next to exhibit listing

- **Online/Mobile:** Enhanced Listings may include:
  - Multi-media content
  - Twitter feeds and Facebook account links
  - Photos or featured products
  - Product information PDF's and coupons

  (*information added at exhibitor's discretion)*

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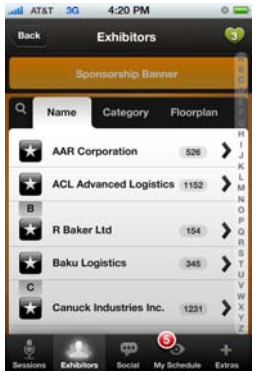
CONGRESS PROGRAM APP ENHANCED LISTINGS

Basic Listing	Enhanced Listing
Booth Number Company Name Address and Phone Number Exhibitor Description (Maximum 50 words)	Basic Listing + Inclusion in "Featured Exhibitors" Company Logo Link to Booth Location on Floor Plan Link to Corporate Website Linked Email Address Links to LinkedIn, Twitter & Facebook Accounts 10 Searchable Keywords 3 Featured Products (Including Photo, Description, PDF brochure and web links for each) Coupon or Flyer



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ONLINE/MOBILE PROGRAM

- Attendees download a customized App to their iPhone, Blackberry® or Android™ Smartphone
- The Congress Program App allows attendees to build custom schedules and “favorite exhibitor” lists
- Real-time announcements broadcasted to attendees during Congress
- Attendees electronically store exhibitor brochures, conference notes and other literature as PDFs within the application to access long after Congress is over

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ENHANCED LISTINGS

- Attendees may contact exhibitors directly from their Smartphone or the mobile website
- Enhanced Listings include analytics to gauge the success of the conference experience

Investment: $2,250; includes Mobile and Print Enhanced Listings.

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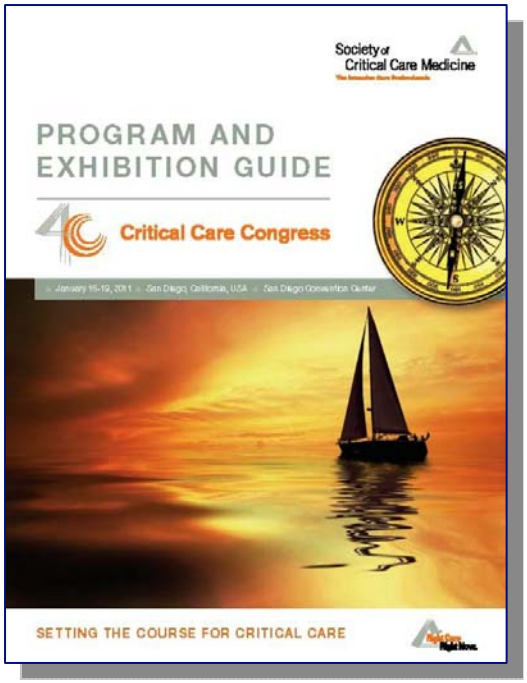
PROGRAM AND EXHIBITION BOOK

- The Official Program and Exhibition Guide is distributed to every attendee
- Nearly 6,000 critical care professionals will see your message as they repeatedly check the Congress schedule and locate exhibitors to visit



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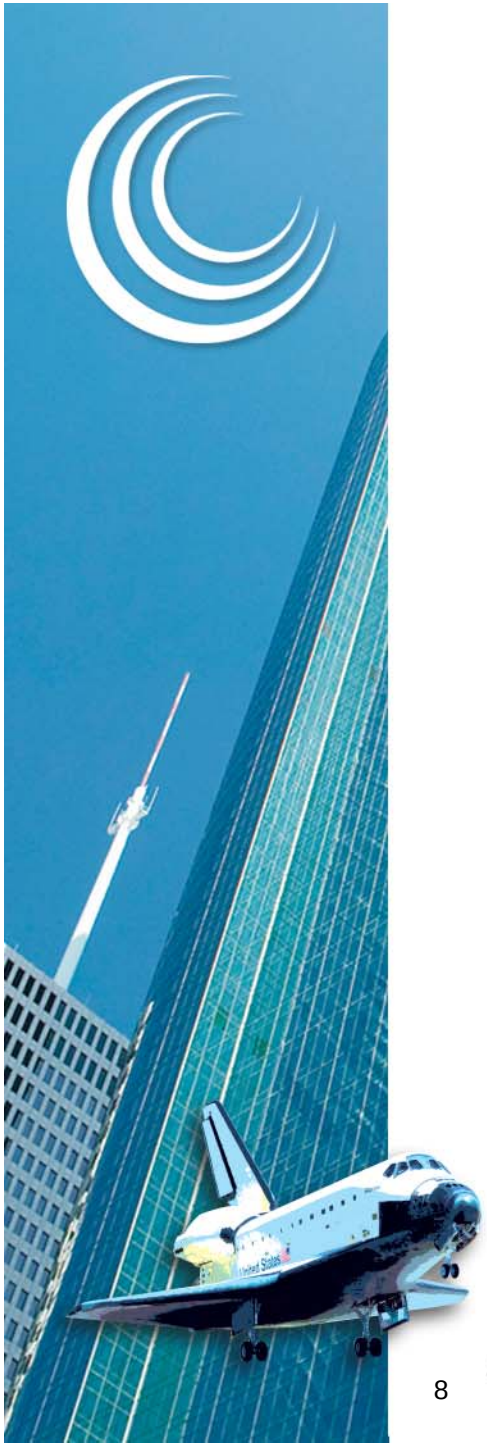

PROGRAM BOOK ADS

- Full Page: $4,750
- ½ Page: $3,300
- Premium positions available

Specifications

- All ads are four color
- Trim Size: 8 ½” x 11”
  - Live Area: 8” x 11”
  - Bleed: 8 5/8” x 11 1/8”
- Space Close: 11/15/11
- Materials Due: 12/14/11

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CRITICAL CONNECTIONS ADS

Broaden your reach with this unique publication that keeps the critical care community up to date on vital news.

- Your four-color advertisement will be seen by professionals who seek new therapies, technologies, pharmaceuticals and other methods by which to deliver the best possible care to their patients
- Bonus distribution at the Critical Care Congress in addition to a circulation of 25,000

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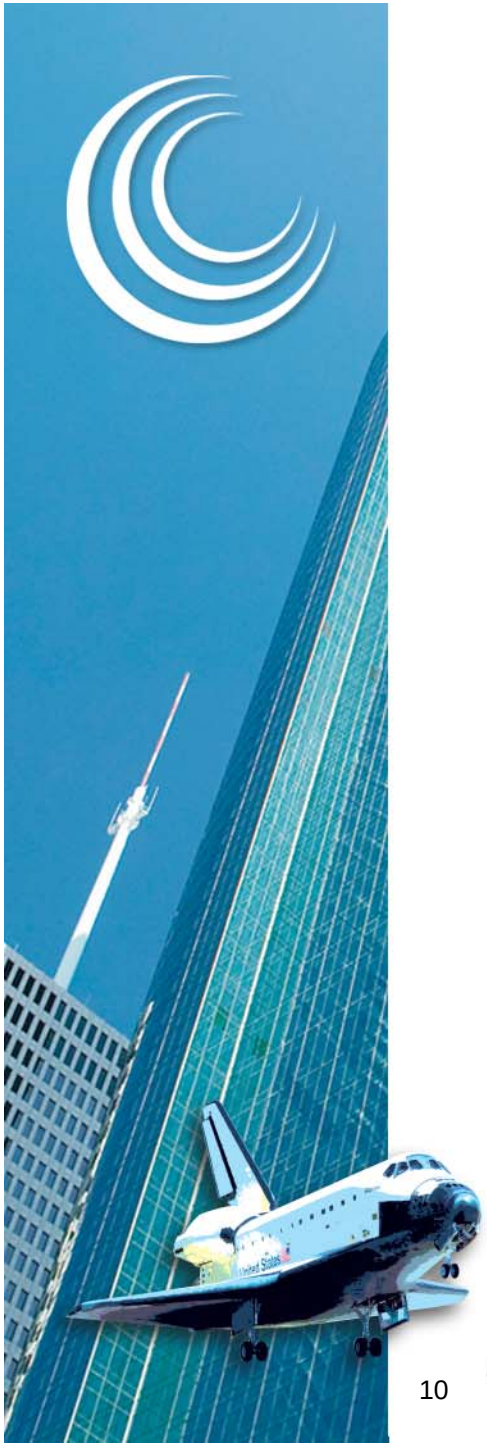

CRITICAL CONNECTIONS ADS

- Full Page: $4,450
- 2/3 Page: $3,900

Specifications

- All ads are four color
- Trim: 11” x 14”
- Space Close: 10/21/2011
- Materials Due: 11/09/2011
- Mechanical specs can be found on our website.

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SPECIAL EVENTS BROCHURE

- Distributed to all pre-registered Congress Attendees as well as non-attendees in the area
- Exclusively highlights pre-Congress Educational Sessions, Promotional Symposia, social events, tours and more! It's a must-have for all Congress participants

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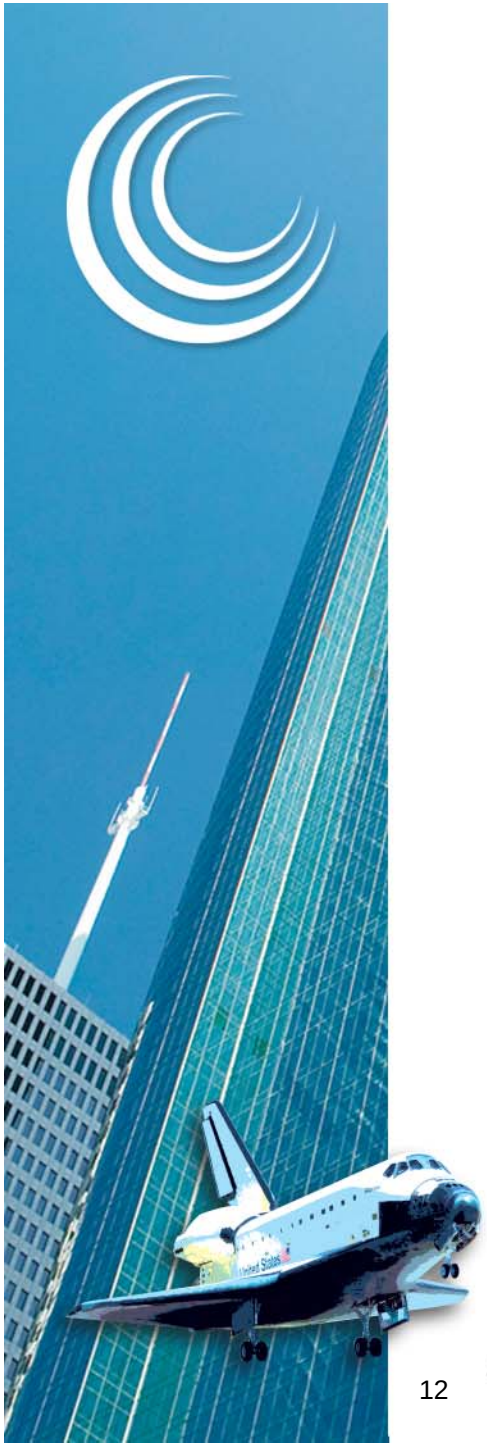

SPECIAL EVENTS BROCHURE ADS

- Full Page Four Color: $3,400
- Premium Positions available

Specifications

- All ads are four color
- Trim: 8 ½” x 11”
  - Live Area: 8” x 11”
  - Bleed: 8 5/8” x 11 1/8”
- Space Close: 12/08/11
- Material Due: 12/22/11

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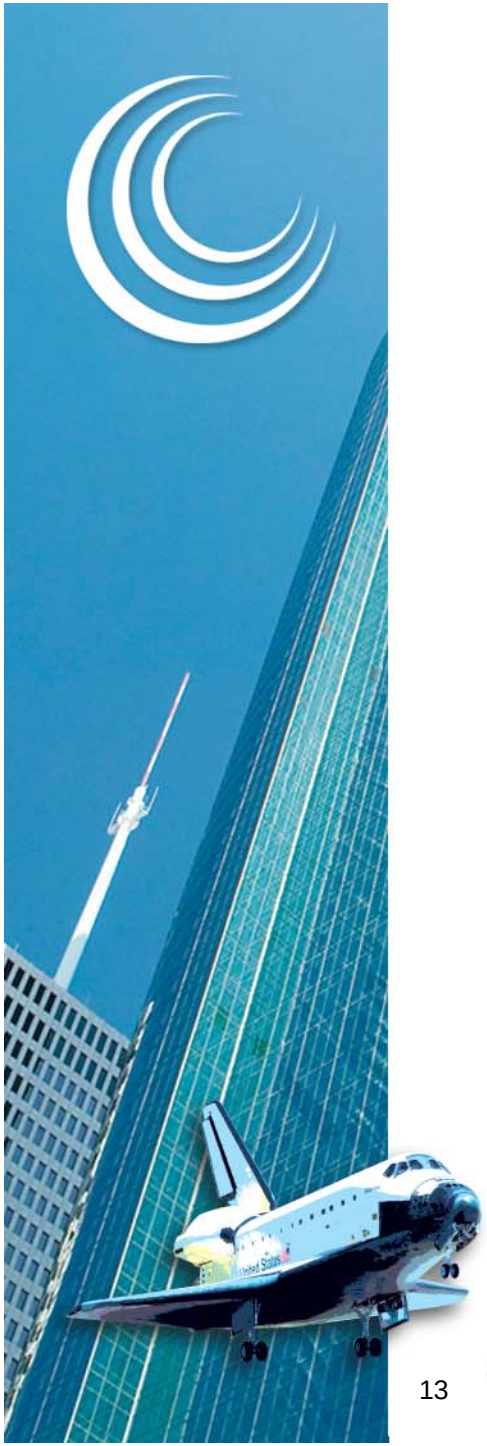

ADVERTISING DISCOUNTS

Choose any two: **$700 discount**

Choose all three: **$1,100 discount**

Example: Full page ads in the Program Book, *Critical Connections*, and the Special Events Brochure

$11,500 (vs $12,600 full price)

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DOOR DROPS

- SCCM will distribute your product literature, sales brochures or other promotional materials to attendees' hotel rooms
- Have your message there when they awaken in the morning
- Distribution at the headquarter hotel

Investment:

- $3,500 one piece; $5,000 two pieces

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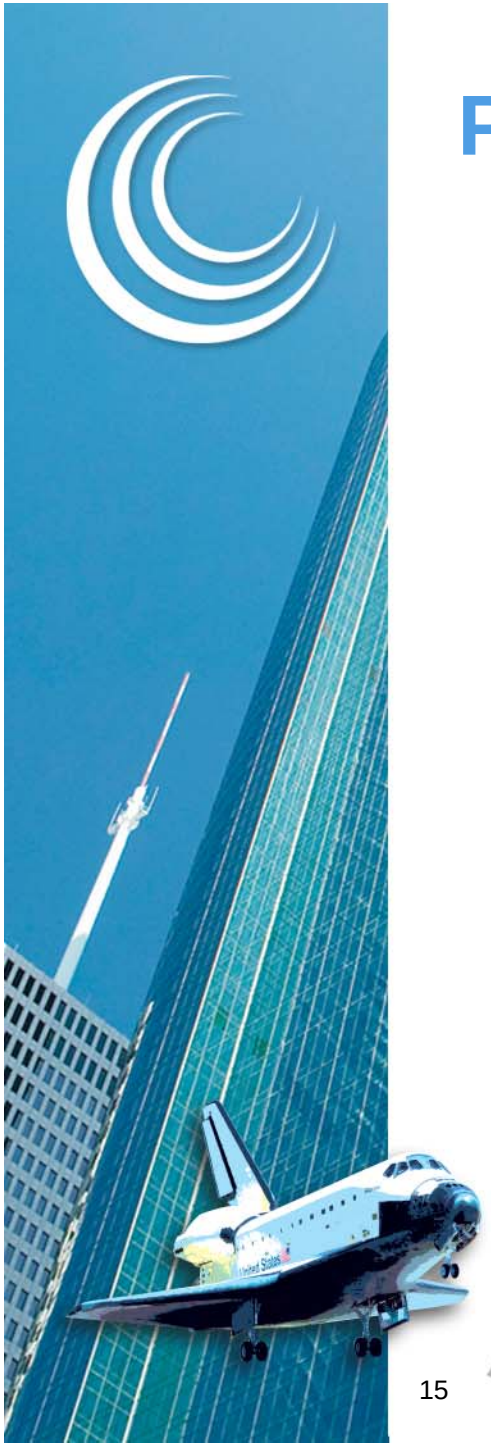

PRE-CONGRESS MAILING LIST

- Promote your company and reach your prospects before Congress begins by purchasing the pre-registration attendee list
- The addresses will be available four weeks before Congress
- Materials must be approved by SCCM before mailing

Investment: $600

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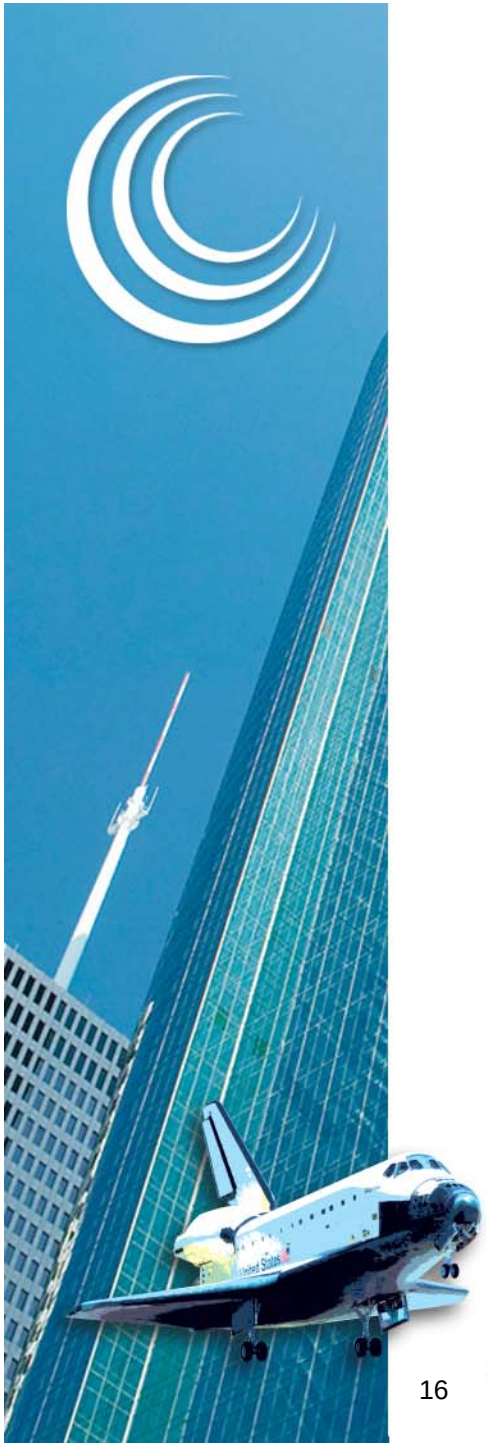

THANK YOU FOR YOUR INTEREST IN SCCM!

For more information contact:

Desiree Ng
dng@sccm.org
847-827-7188

Jim Flanigan
jflanigan@sccm.org
847-827-7282

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Registrant List

Mailing addresses of registered Congress participants are available for purchase by exhibitors for mailing selected materials prior to and/or following Congress. Please adhere to the following guidelines:

- All SCCM list rentals are for a one-time use only and may not be published or duplicated in any way.
- A sample of the exact mailing piece (including envelope) must accompany the order form, along with a signed License Agreement. Orders will not be processed until the signed License Agreement has been completed and all samples of mailing pieces have been approved by SCCM.
- If you choose to use a third-party mail house, then direct the mail house to complete and return the Mail House Agreement.
- The Society and the 2012 Congress may be referred to only as *SCCM, the Society of Critical Care Medicine*, and the *41st Critical Care Congress*. SCCM retains the right to decline to rent its list to any organization at its discretion. Mailing pieces referring to SCCM in any other way may not be approved (i.e., Annual Meeting, Convention, Show, etc.)

Exhibiting Company Name:_____

_____

Contact Person:_____

Billing Address:_____

City:_____ State:_____

Zip/Postal Code:_____ Country:_____

Phone:_____

Email:_____

Are you using a Mail House?

☐ Yes ☐ No

If yes:

Company Name:_____

Contact Person:_____

Billing Address:_____

City:_____State:_____

Zip/Postal Code:_____Country:_____

Phone:_____

Fax:_____

Email:_____

Format Requested:

Pre-Congress – Cost: $600

☐Via Email – Excel Format

☐Diskette – Excel format or as an ASCII delimited values file (+ $9.00 Shipping Fee)

Note*:* To ensure timely receipt of pre-Congress mailings, orders for pre registrant lists will not be accepted after **January 4, 2012**.

Format Requested:

Post-Congress – Cost: $600

☐Via Email – Excel

☐Diskette – Excel format or as an ASCII delimited values file (+ $9.00 Shipping Fee)

Payment Information:

☐ Check

Make checks payable to SCCM (checks must be in U.S. funds drawn on a U.S. bank) or International Money Order

Credit Card:

☐ Visa ☐ American Express

☐ MasterCard ☐ Discover

Card Number:_____

Expiration Date:_____

Name on the Card:_____

Signature of the Cardholder:_____

Date:_____

Return this form to:

Society of Critical Care Medicine
35083 Eagle Way
Chicago, IL 60678-1350 USA
Fax: +1 847 827-7913

Society of Critical Care Medicine
The Intensive Care Professionals

Membership List Rental Information

Please read carefully before ordering this list.

Mailing lists and membership data for the Society of Critical Care Medicine customers are described below. For information regarding these mailing lists, list counts and order placement, call SCCM Customer Service at (847) 827-6888. All information is updated on a daily basis to ensure an accurate list. Lists are delivered within 10 working days of receipt of order.

SCCM List: The Society's database is comprised of over 15,000 physicians, registered nurses, respiratory therapists, pharmacists and pharmacologists, scientists, bio-engineers, and other allied healthcare professionals dedicated to improving the care of the critically ill. The Society can provide a list comprised of members, non-members or both. An approximate breakdown of our database is as follows:

	Members*
Physicians	10,600
Nurses	2,200
Pharmacists	1,400
Other Healthcare Professionals	1,000
Total	15,200

*These numbers represent the total SCCM membership. Actual numbers will be lower as some members elect not to be included in the rental of our mailing lists.

NOTE: These numbers change on a regular basis. Contact Customer Service at (847) 827-6888 for the most current counts.

Rental Rate:	$250 per thousand **(Minimum Charge $600)**
Rush Charge:	$75

Prices are subject to change without notice.

Special Sorts: Special sorts can be made from the SCCM mailing list and are available upon request. Common requests are for specific professions, medical specialties and geographic areas.

Limitations: The use of SCCM mailing lists is limited to those purposes applicable to the practice and/or betterment of critical care; SCCM considers renting the mailing lists a service to our customers. All mailing pieces are subject to approval by SCCM.

Terms: The Society membership database is copyrighted; mailing lists are sold for a one-time use only by the requester and names cannot be re-entered or reproduced by any means under any circumstances. The Society reserves the right to deny any list request.

Ordering Instructions:
To place your order, you **must** have the following completed:

1) List Order Form (must be signed by a representative of your organization)
2) A complete sample of the mail piece (can be faxed)
3) A signed license agreement
4) A signed mail house agreement (required if using a third-party mailing house)

Shipping: All orders are delivered via email unless otherwise requested. Shipping and handling charges will apply to all orders not delivered via email. Such orders will be shipped via UPS regular ground service at $9 unless otherwise requested. Any method of shipping other than UPS regular ground service will be at your expense and additional charges will be added to the invoice.

Rush Charges: A $75 processing fee will be applied to all rush orders. All rush orders will be shipped within 2-4 working days after the rental list has been approved by SCCM. Orders not delivered via email will be sent via UPS Second Day Air.

Available Formats: Lists can be sent as an Excel file or as an ASCII delimited values file via email or on diskette. The Society does not provide printed labels.

Society of Critical Care Medicine

The Intensive Care Professionals

Membership List Order Form

Complete, sign and return this form, with a sample of the mailing piece for which the list will be used to:

Society of Critical Care Medicine
35083 Eagle Way
Chicago, IL 60678-1350 USA
Phone: +1 847 827-6888 • Fax: +1 847 827-7913

I understand that the names and addresses furnished by the Society of Critical Care Medicine (SCCM) are the sole property of SCCM and are supplied to my organization for the specific mailing indicated by the sample enclosed. Lists are for one-time use only (per list purchased). No facsimile of this list will be reproduced in any fashion and will not be put to any other use. I also understand that SCCM reserves the right to deny any list request.

_____ Name of Organization Representative

_____ Signature of Organization Representative

Number of sets (if more than one): _____

List Desired (check all that apply):

____ Complete Database ____ Members only ____ Nonmembers only

____ U.S. Only ____ U.S. & Canada ____ International Only

____ Random Sample (if random please specify number) _____

____ Other: _____

Sequence: ____ Zip Code Order ____ Alphabetical

Special Sorts: ____ Physicians (includes Residents/Fellows) ____ Pharmacists ____ Allied Health

____ Respiratory Therapists ____ Nurses ____ Other_____

Specialty Desired (see attached listing)_____

_____

Geographical Location (list specific states, cities, or Zip Codes)

_____

_____

Please contact SCCM for availability and costs of any other special sorts.

List Required by _____ Date **(MUST SPECIFY)**

____ **Rush Order ($75)**

Payment Information (must be provided with order):

Name:_____
Title: _____
Company:_____
Address: _____
City: _____ State: _____
Zip/Postal Code:_____ Country:_____
Phone: _____
Email: _____

Ship to (if different from payment information):

Name: _____
Title: _____
Company:_____
Address:_____
City: _____ State: _____
Zip/Postal Code: _____ Country: _____
Phone: _____
Email: _____

Payment information
__Check (U.S. funds drawn on a U.S. bank) or
International Money Order
__Visa __MasterCard __American Express __Discover
Card Number:_____
Expiration Date: _____
Cardholder's Signature: _____
Name on card: _____
(Please print)

_____
Signature

Society of Critical Care Medicine
The Intensive Care Professionals

Mailing List License Agreement

THIS AGREEMENT is made as of this _____ day of _____, 20____, between the Society of Critical Care Medicine ("Licensor"), a California not-for-profit corporation, and _____ ("Licensee").
In consideration of the covenants and terms contained herein, the parties hereby agree as follows:

1. the names provided are confidential and proprietary information of the Society of Critical Care Medicine (SCCM);
2. names will be used for a one-time MAILING USE only;
3. names will be used only for the specific mailing for which they were ordered and for no other purpose, unless specifically authorized by SCCM;
4. names will not be copied for use as a mailing list or otherwise;
5. names will be used within one month after receipt in order to retain the advantages of list accuracy;
6. SCCM is not required to provide forwarding addresses for undeliverable mail;
7. use of the list for telemarketing purposes is PROHIBITED;
8. the list will be used for non-commercial purposes only;
9. the Licensee agrees to furnish SCCM with a copy or sample of printed material, literature and advertising material prior to fulfillment of order made in accordance with this agreement;
10. SCCM retains the right to decline to rent its list to any organization at its discretion;
11. SCCM retains the right to decline to rent its list to any organization intending to use the list for the purpose of membership recruitment;
12. SCCM retains the right to decline to rent its list to any organization when the purpose is to promote an educational program that competes with a similar SCCM educational program or product.
13. the list or mailing piece will not imply SCCM endorsement, directly or indirectly;
14. the list will not be used to communicate information which is false, defamatory or misleading;
15. the Licensee must pay SCCM a royalty up front for the use of the License based on the current price list.

In the event Licensee violates any term of this License Agreement, Licensee agrees that Licensor shall be entitled to recover all costs, damages and attorney's fees occasioned by actions to enjoin violation of this license and in pursuing damages and any other relief. It is the specific intent of the parties that the court has jurisdiction and authority under this License Agreement to award all available relief including each element of the foregoing. Licensee agrees to indemnify and hold Licensor harmless against any action arising out of or relating to use of Licensor's list.

The parties have executed this Agreement as of the day and year first above written.

Licensee by:

Signed _____ Date _____

Printed _____

Society of Critical Care Medicine by:

Signed _____ Date _____

Printed _____

Society of Critical Care Medicine
The Intensive Care Professionals

Mail House Agreement

This AGREEMENT is made as of this_____ day of_____, 20_____, between the Society of Critical Care Medicine ("SCCM"), a California not-for-profit corporation, and _____ ("Mail House").

In consideration of the covenants and terms contained herein, the parties hereby agree as follows:

Subject to a separate agreement, SCCM has granted _____ ("Licensee") a non-exclusive license for the use of SCCM's mailing list, which requires Licensee's use of an independent mailing company to utilize the License and which is contingent upon execution by Mail House of the terms and conditions contained in this agreement. Mail House acknowledges that SCCM's mailing list is confidential, is the sole and exclusive property of SCCM and is protected by United States Copyright, Trade Secret and other laws. Further, Mail House agrees to use the License and SCCM mailing list only subject to the terms of this Agreement and SCCM's agreement with Licensee, incorporated herein. Mail House agrees not to make, sell, use, reuse, reproduce, make available to others, distribute, disclose or otherwise utilize SCCM's mailing list or information contained therein. Mail House is hereby granted permission to assist Licensee in use of the License granted by SCCM to Licensee. SCCM does not grant to Mail House or to any other person use of SCCM's mailing list to create or update any mailing lists or databases or for any purpose other than that which may be set forth in the separate agreement between SCCM and Licensee.

In the event Mail House violates any term of this Agreement, Mail House agrees that SCCM shall be entitled to recover all costs, damages and attorney's fees occasioned by actions to enjoin violation of this Agreement and in pursuing damages and any other relief. It is the specific intent of the parties that the court has jurisdiction and authority under this License Agreement to award all available relief including each element of the foregoing.

The parties have executed this Agreement as of the day and year first as written.

Licensee by:

Signed _____ Date _____

Printed _____

Society of Critical Care Medicine by:

Signed _____ Date _____

Printed _____

Mail House by:

Signed _____ Date _____

Printed _____