

**Exhibitor Badge and  
Registration Form**



Registration by **January 4, 2012** ensures that a badge will be waiting for your representatives. Complete this form to register those personnel who will staff your exhibit and require access to the Exhibit Hall during installation, dismantling, show hours, and prior to the show opening. The Exhibitor Badge will allow access into sessions on a space available basis only. Those company personnel requiring continuing education credit must register in full utilizing the Registration Form in the 2012 Congress Program or online at [www.sccm.org](http://www.sccm.org). **Each exhibiting company is allowed to register no more than FIVE booth personnel per 10' x 10' space at no charge. Each additional badge is \$25.00.**

**NEW in 2012!** You may now register your badge list electronically. Please visit [www.sccm.org/expo](http://www.sccm.org/expo) for the link to the electronic registration form.

**In order to receive complimentary badges, YOU MUST submit this form before the deadline. Each badge added or changed after the deadline, including additions or changes on site, will cost \$25.00 per badge regardless of the number of badges or size of your booth.**

*PLEASE PRINT CLEARLY*

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

Booth #: \_\_\_\_\_

On site Contact: \_\_\_\_\_  
(Booth Manager)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

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

Fax\*: \_\_\_\_\_

Email: \_\_\_\_\_

\*By including your fax number above and signing below, you give consent to receive faxes by SCCM.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Deadline: January 4, 2012**

After this deadline, do not mail or fax this form to SCCM. You must bring the completed form on site to the Exhibitor Registration area. Only company personnel supplying proper company identification (i.e., business card or company identification with same name as exhibiting company) will be permitted to register as an exhibitor. Company personnel will only be able to pick up their own badge and must show proper identification to do so.

**\*See Next Page for Badge Information**

**BADGE INFORMATION**

Print name(s) and credentials (if applicable) EXACTLY as they should appear on the badge (please type or print clearly). If you have already submitted this form and have additions or deletions for name badges, please check the box "previously submitted" and write the revised date at the bottom of this page to avoid being overcharged. **Up to FIVE booth personnel badges per 10' x 10' space are complimentary (if submitted by January 4, 2012). Each additional badge is \$25.00. This page may be photocopied.**

Company Name: \_\_\_\_\_ Booth #: \_\_\_\_\_

**FIRST AND LAST NAME, CREDENTIALS**

**GENDER M/F**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

**Payment Information:**

Please make check payable to Society of Critical Care Medicine.

Check (U.S. funds drawn on a U.S. bank) or International Money Order Check number \_\_\_\_\_

**Credit Card Information:**

Visa  American Express  MasterCard  Discover \$25.00 each x \_\_\_\_\_ = \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Signature of the Cardholder: \_\_\_\_\_

**Please check one:**

Date original badge request form submitted: \_\_\_\_\_  2<sup>nd</sup> Revised Date: \_\_\_\_\_

1<sup>st</sup> Revised Date: \_\_\_\_\_  3<sup>rd</sup> Revised Date: \_\_\_\_\_

**Receipt confirmation:** An email confirmation will be sent to the email address listed on the previous page approximately two weeks prior to Congress to confirm receipt of your badge registration.

**Return this form no later than January 4, 2012 to:**

Society of Critical Care Medicine  
35083 Eagle Way  
Chicago, IL 60678-1350 USA  
Phone: +1 847 827-6888  
Fax: +1 847 493-6444  
Email: [registration@sccm.org](mailto:registration@sccm.org)