

Chicago Metro Society of Urologic Nurses and Associates
Educational Conference

SPRING CONFERENCE:

*Updates in
Urology*

Hyatt Lisle
1400 Corporetum Dr
Lisle, Illinois

March 24, 2018

We are glad to offer you an opportunity to exhibit information about your product at our upcoming educational urology nurses meeting. **We have provided audiences of up to 100 urology nurses and associates at our past annual meetings. We offer two breakout sessions for our attendees to visit your exhibit booths and our last breakout session ends at 11:15am to best utilize your time.** Your exhibit provides valuable educational resources for our attendees. We are asking you to provide us with exhibit fees payable to **Chicago Metro SUNA.**

Federal Tax ID# **36-4345343.**

Thank you

Please mail completed form by **February 28, 2018** to:

Olive Adriano
9737 N Fox Glen Dr Apt 1K
Niles IL 60714

Any question please email Olive at:
olive.Adriano@advocatehealth.com
or call (773) 439-0114

Exhibit Fees can be paid with a credit card on-line at
www.chicagometrosuna.org

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Cost of Event **Platinum Sponsor**

Friday Evening Dinner/Speaker Program or
Saturday Lunch Program

- Reserved Display Table
- Acknowledgment Sign
- Listing in program as Exhibitor and Platinum Sponsor

\$1,500 **Gold Sponsor**

- Reserved Display Table Main Lobby
- Acknowledgment Sign
- Listing in program as Exhibitor and Gold Sponsor

\$1,000 **Silver Sponsor**

- Reserved Display Table Main Lobby
- Acknowledgment Sign
- Listing in program as Exhibitor and Silver Sponsor

\$ 500 **Bronze Sponsor**

- Standard Display Table
- Listing in program as Exhibitor

***If your company is providing equipment for our afternoon breakout session you will be receive GOLD sponsorship for only \$500!**

**Chicago Metro Chapter
of the
SOCIETY OF UROLOGIC NURSES AND ASSOCIATES**

Terms, Conditions and Purposes of Exhibit Fees

between: Chicago Metro Chapter of the Society of Urologic Nurses and Associates (Joint Sponsor)

and _____ (Company)

Title of CEU Activity: Society of Urologic Nurses and Associates, Annual Conference

Location: Hyatt Lisle 1400 Corporetum Dr Lombard ,IL Dates: March 24, 2018

Commercial Supporter (Company Name) _____

Contact (Company Representative) _____

Email Address: _____

Address _____

Telephone _____ Fax _____

The above company wishes to provide support for the named education activity by means of Exhibit Fee for support of the educational activity in the amount of \$ _____

CONDITIONS

1. Statement of Purpose: The Chicago Metro SUNA Chapter's annual educational program is a formal program designed to educate urologic nurses and associates on a variety of interesting educational topics, some of which may cover material relevant to urologic certification.
2. Control of Content & Selection of Presenters & Moderators: Sponsor is responsible for control of content and selection of presenters and moderators. The Company agrees not to direct the content of the program. The Company, or its agents, will respond only to Sponsor-initiated requests for suggestions of presenters or sources of possible presenters. The Company will suggest more than one name (if possible); will provide speaker qualifications, will disclose financial or other relationships between Company and speaker, and will provide this information in writing. Sponsor will record role of Company, or its agents in suggesting presenters; will seek suggestions from other sources, and will make selection of presenters based on balance and independence.
3. Disclosure of Financial Relationships: Sponsor will ensure meaningful disclosure to the audience, at the time of the program, of (a) Company funding and (b) any significant relationship between the Sponsor and the Company (e.g. , grant recipient) or between individual speakers or moderators and the Company.
4. Involvement in Contest: There will be no "scripting," emphasis, or direction of content by the Company or its agents.
5. Ancillary Promotional Activities: No promotional activities will be permitted in the same room or obligate path of the educational activity. No product advertisements will be permitted in the program room.

Signature _____

Date _____

Saturday March 24th

7:00-8 :00 Registration & Exhibits

8:00-8:15 Welcome
Vic Senese President

8:15-9:15 Updates in Pelvic Floor Treatment and IC
Kelly E.D. Jirschele, DO, FACOG

9:15-10:15 Updates in Pelvic Floor Therapy
Karin Bertulis, MPT, PRPC

10:15-11:15 Break & Exhibits

11:15-11:45 Updates for Nursing Care in Post op Urinary Retention
Lisa Shimkus, BSN,CURN

12:00-1:00 LUNCH

1:00-2:00 Updates in BPH Treatments
I. Oguejiofor, MD

2:00-3:30 Hands-on

Rezum, Urolift, Botox, Pessary Placement

Moderated by:

Vic Senese, BSN,CURN

Olive Adriano, RN,CURN

Katie Gillies, MMS, PA-C

Kathy Marchese MSN, APN-BC,CWOON,CUNP