



South Eastern Association for Clinical Microbiology

July 15, 2006

The 200X Annual Meeting of the South Eastern Association for Clinical Microbiology will be held November X-XX, at the _____ Hotel in City, State.

SEACM is now in its Xth (org started in 1978) year and is continuing to expand and be recognized as a formidable organization. Goals of the association include the follow: (1) To promote scientific knowledge of clinical microbiology through communication, (2) To improve education, (3) To encourage scientific investigation, and (4) To gain higher recognition in the field of clinical microbiology.

Our participants indicated last year that they would like to have time and space for vendors to host User's Meetings. Our records from the 2001 and 2006 meetings showed that this type of format was met with great success. Therefore, the program committee has reserved **Wednesday, November Xth** for User's meetings. There is no charge for the space but rooms are limited. Vendors will be responsible for paying for any audio-visual needs and any food reserved for your attendees (based on the number confirmed by you).

Please note that SEACM does not provide a mailing list or labels for this event. It is your responsibility to contact those persons whom you wish to invite.

If your company is interested in hosting a User's meeting, please fill out the attached form and email it back no later than Friday, September 29, 200X. All forms will be acknowledged upon receipt.

We look forward to seeing you at _____!

Your Name Here
Corporate Liaison Committee Chair
Your Email listed here.



200X User's Meeting Request Form

SEACM has reserved space for companies to present User's Meetings. Please review the suggested schedule before completing the form:

8 a – 12:00 p: Morning User's Meeting

12:00 p – 1:00 p: Lunch

1:00 p – 5:00: Afternoon User's Meeting

Company Name: _____

Company Contact Name: _____

Company Contact Phone number: _____

Company Contact Email address: _____

Please indicate 1st and 2nd choices below:

Prefer to reserve space for the morning session

Prefer to reserve space for the afternoon session

Prefer to reserve space for the entire day

Please let us know about A/V needs:

I will require the following audio/visuals:

Please confirm that you have read the following statement:

I understand that I must provide the Corporate Liaison Chairperson with a confirmed number of meals to be purchased and am responsible for that amount even if less attendees show up.

Return completed form to:

Your Name and email address here