


Chicago Metro Society of Urologic Nurses and Associates
Educational Conference

FALL CONFERENCE:

HYATT LISLE

1400 Corporetum Dr

Lisle, Illinois



**THE
INs** **&** **OUTs**
of Urology Nursing

Inpatient and Outpatient Care

October 12, 2019

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 50 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 10:50am 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 September 12, 2019 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) 930-0269
Exhibit Fees can be paid with a credit card on-line at
www.chicagometrosuna.org

Sponsorship Opportunities

\$1000 Platinum Sponsor

- Reserved Display Table Main Lobby
- Acknowledgment Sign as Breakfast Sponsor
- Listing Platinum Sponsor

\$450 Gold Sponsor

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

\$350 Silver Sponsor

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

\$ 250 Bronze Sponsor

- Standard Display Table
- Listing in program as Exhibiton

**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: October 12, 2019

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 October 12th

- 7:00–8:00** **Registration & Exhibits**
- 8:00–8:15** **Welcome**
Hilda Silgado President
- 8:15–9:15** **ERAS Protocol Initiatives for Urologic Procedures**
Tom D. Beris, MD
- 9:15–9:30** **Break & Exhibits**
- 9:30–10:30** **Urologic Surgical Procedures (intraoperative care)**
Grace Jones, RN
- 10:30–10:50** **Break & Exhibits**
- 10:50–11:50** **Wound and Continence Care for Urologic Patients**
Eric Goodman, BSN, RN CWOCN, CFCN, CFCS
- 11:50–12:00** **Break**
- 12:00–1:00** **UTI Guidelines Updates 2019**
Victor P Senese, RN, BSN, CURN
- 1:00 pm** **Evaluations**