



High Country
Nuclear
Medicine
Conference

Breckenridge, CO
February 27-March 2, 2027



2027 Sponsorship Application

Information:

Please list your company name EXACTLY how you wish it to appear in promotional materials:

Company Name: _____
Contact Name: _____ Title: _____
Email: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Level of Support Selected:

- Contributor - \$1,500
- Supporter - \$3,250
- Featured Sponsor - \$5,500
- Title Sponsor - \$8,000

All Partners receive:

- Company name and logo on High Country Nuclear Medicine website: www.hcnmc.org
- Acknowledgement on housekeeping session slides shown before and after sessions
- Logo on signage at the event (*if provided by February 5, 2027*)
- Post-Show Attendee List (*includes attendees who opt in to share contact details*)
- One minimal tabletop display. Table size, availability and location will vary pending venue space. (*Sponsors have the option not to use their sponsor tabletop space.*)

In addition to these benefits, Industry Partners will receive the following sponsor designation and benefits based on level of support:

Contributor - \$1,500

- Registration is not included and is an additional cost

Supporter - \$3,250

- One (1) complimentary registration for company staff
- Company Description on Website

Featured Sponsor - \$5,500

- Two (2) complimentary registration for company staff
- Company Description on Website
- Link to your home page from the HCNMC website

Title Sponsor - \$8,000

- Three (3) complimentary registrations for company staff
- Company Description on Website
- Link to your home page from the HCNMC website
- Table placement in high attendee traffic area

Additional Sponsorship Opportunities Available to Supporter and Above Sponsorship Levels:

- Exclusive Bar Sponsorship - \$7,000** – After a day of learning attendees appreciate the chance to relax and network with the beverage of their choice. Your sponsorship will be highly visible on cocktail napkins and signage near the bar area so attendees will know who to thank! *Quantity available: 1*
- Morning or Afternoon Refresh Break - \$4,000 per or \$12,000 for all four** – This sponsorship provides your brand with visibility during key event breaks, offering attendees a chance to recharge with refreshments. Participants will notice your company’s name and logo on signage near the tables and buffets. *Quantity available: 4*
- Sponsored E-Blast - \$1,500** - Sponsor to provide graphics and text. E-blast sent from HCNMC’s communications to all registered attendees. *Quantity available: 3*
- Pen and Notepad - \$1,000** - Exclusive sponsorship of the attendee Pen and Notepad will place your logo in attendees’ hands as they take notes during the conference and beyond! *Quantity available: 1*

Terms and Conditions

PAYMENT POLICY: Payment is due in full within 14 business days of contracting. All final payments must be received on or before Friday, January 8, 2027. If payment is not received in full by January 8, 2027, the sponsor listing on the Conference website will be removed and they will not be featured in onsite materials.

CANCELLATION POLICY: Cancellation of sponsorship for any reason is subject to terms. Cancellation of sponsorship must be submitted in writing to the Meetings Director. No refunds will be issued for sponsorship cancellation. Sponsor will be obligated to pay any outstanding balance due on sponsorship as outlined in this sponsor application.

COMPANY LOGO: ___ I agree to submit my company logo to the Sponsorship Manager via email within 7 days of signing the sponsorship agreement. If the company logo changes at any point, it is the Sponsors responsibility to notify the Sponsorship Manager immediately by sending the new logo. Due to production time of certain items if a logo change occurs after February 5, 2027, it is not guaranteed the change will be made.

SPONSOR TABLETOP SPACE: ___ I am opting out of using my Sponsor Tabletop Space. Each year we strive to place sponsor tabletop spaces within the Education Session room; however, this is not a guarantee.

AUTHORIZATION: By signing, I agree that I have read the above guidelines and agree to abide by the terms and conditions set forth. This Agreement must be signed to confirm sponsorship.

- By checking this box, I agree and understand that any member of my staff will need to register separately for a badge to attend this event.

X _____ AUTHORIZED SIGNATURE DATE _____

HCNMC can only accept check or ACH payments.

MAIL CHECK TO:

HCNMC 2027 Sponsorships
8001 Forbes Place, Ste 310
Springfield, VA 22151

Please make check payable to: **SNMMI**
Federal Tax ID# 36-2496678

Memo Line: **HCNMC 2027 Sponsorship**

FOR ACH PAYMENT INFORMATION: Contact HCNMC Sponsorships, HCNMCsponsorship@conferencemanagers.com