

AACC Industry Workshops



We invite you to participate in the AACC Industry Workshop program. These sessions, usually attracting capacity attendance, are an important part of the educational program. We hope you will take advantage of this educational marketing opportunity by submitting your application now.

Benefits and Responsibilities

Once the Association has approved your workshop, AACC will, **at no additional expense:**

- > Publish title, faculty and company name in the June issue of *Clinical Chemistry* and the CLN Show Dailies. The same information is published in the Program Guide, along with the workshop learning objectives.
- > Provide a meeting room, ranging in capacity from 50 people to 250 people. Setting is based on room choice.
- > Signage outside the meeting room.

Your company will be responsible for any expenses related to:

- > AV equipment.
- > Food and beverage (No alcoholic beverages can be served prior to or during the workshop.)
- > Additional signage if desired (limited to display in your booth and outside the workshop room).

AACC also makes the Advance Registration List available at half-price (\$500) to Industry Workshop providers to help you promote your Workshop. Be sure to check the appropriate box on the application if you want to take advantage of this opportunity.

Subject Conflicts

AACC will review all applications to make sure that the content does not conflict with AACC educational sessions. If a conflict is identified, AACC will work with the company to develop acceptable alternative content or a different title. In addition, we will try to advise companies if other Industry Workshops on similar topics have previously been scheduled at the same time, or use the same speakers. Scheduling assignments are based on the order in which the applications are received.

Continuing Education (CE) Recognition of Industry Workshops

AACC welcomes applications from companies interested in offering ACCENT[®] CE credit to participants. Details on the application requirements and forms are available on the AACC website at www.aacc.org/education/index.stm. You should decide very early in the program planning stage if you are going to apply for ACCENT recognition, as the accreditation process requires that the information be presented by qualified experts in an educational format and unbiased environment.

The ACCENT application fees consist of an annual provider registration fee (\$200) and an activity application fee (\$95 per application). Applications must be submitted to AACC 30 days before the activity date. For additional information, contact the ACCENT Education Coordinator at education@aacc.org or 1-800-892-1400.

Suggested Methods for Promoting Attendance

1. Purchase additional advertising in issues of *Clinical Chemistry* and *Clinical Laboratory News*.
2. Make mailings to potential attendees and customers including invitations with RSVP cards (AACC does not register attendees for Industry Workshops). It is essential that invitations state that attendance is limited and on a first-come, first-served basis. Exhibitors have been criticized in the past because they did not make it clear that room capacities are limited. We urge you to make this limitation clear in your marketing pieces.
3. Use your company's promotional and users' lists.
4. Have salespeople notify customers during their calls.
5. Actively promote the workshop from your booth during the meeting.



AACC Industry Workshops

Policy on Admission

It is AACC policy that Workshops must be open to all conference registrants as space permits. It is up to you if you wish to admit individuals with "Expo Only" or "Exhibitor" badges. Please advise your staff of this policy. Due to limited space we would like to stress the importance of making your plans early for the 2006 meeting in Chicago.

Cancellations received after May 15th receive no refund.

Should you have any questions, please do not hesitate to contact Tony Maiorino at:

Scherago International, Inc.
11 Penn Plaza, Suite 1003
New York, NY 10001
Phone 212-643-1750, ext. 22
Fax 212-643-1757 or -1758
Email tonym@scherago.com

COST

\$1,150 fee per workshop (Payment must accompany application. If your Workshop is not approved, your payment will be refunded.)

\$500 Advance Registration mail list includes mailing address only (no phone, fax or email address), available week of June 26, 2006.

Please make checks payable to:

American Association for Clinical Chemistry

And forward to:

AACC

Scherago International, Inc.
11 Penn Plaza, Suite 1003
New York, NY 10001
Phone (1) 212-643-1750
FAX (1) 212-643-1757/58



Requirements

- > Company must be an exhibitor at the 2006 Clinical Lab Expo.
- > Until March 1, only one application per company will be accepted. (Space limitations require this restriction.) Applications will be accepted on a first-come, first-served basis. No space can be held until a completed application is received.
- > After March 1, any unassigned workshop space will be opened to all companies for additional workshop application submissions.

Deadlines for Publication

Clinical Chemistry, June issue April 17, 2006
Meeting Program and CLN Show Dailies May 9, 2006

Industry Workshops will be located in the Fairmont Hotel. Shuttle transportation is provided to and from other hotels to the Fairmont on Tuesday and Wednesday.

Industry Workshop Application



Workshop Title *(as it is to appear in all publications)*

Workshop Coordinator

Company _____
Contact _____
Mailing Address _____
City, State/Country, Postal Code _____
Telephone _____ Fax _____
Email _____

Fees

Please note that all fees must be paid in full in advance or according to invoice terms (Net 10 days). If not paid by July 1, 2006, the Industry Workshop will be cancelled, but the full amount will still be owed.

- \$1,150 fee per workshop (Payment must accompany application. If your Workshop is not approved, your payment will be refunded.)
- \$500 Advance Registration mail list includes mailing address only-no phone, fax or email address, available week of July 1, 2006)
- \$_____ Total

ACCENT[®] CE Credits: Check here if you are interested in offering continuing education credit for this Workshop. The AACC Education Coordinator will contact you.

Date/Time Preference

Industry Workshops will be presented in the Fairmont Hotel. Shuttle transportation is provided to and from other hotels to the Fairmont on Tuesday and Wednesday.

Tuesday, July 25 7am OR 6:00pm
Wednesday, July 26 7am OR 6:00pm

All morning workshops Tuesday-Wednesday must end by 8:30am.

Workshop Format *(check appropriate methods)*

- Question and Answer Sessions Group Discussions Problem Solving
- Lab Assignments Work Assignments Other *(Specify)* _____

Room Requirements Set-Up

Classroom Theatre Estimated attendance Head table for _____ people

Audio-Visual Requirements

A-V equipment and sound charges will be the responsibility of the exhibitor.
(AACC will forward contact information to AVW Audio Visual, Inc.)

Objectives

A 100-word statement of educational objectives for the workshop must be set via e-mail to Tony Maiorino at tonym@scherago.com, or on disk or CD in any PC format (Macintosh is not acceptable). Label the disk with your company name.

The objectives should clearly state what the potential attendee could expect to learn at your Workshop. This statement will be printed in the AACC Meeting Program.

Industry Workshop Application

Educational Materials

List the educational materials that will be provided to the participants.

Other _____

Time Schedule

Please describe in detail what you will be doing each hour. The schedule should include time allotted for audience participation, laboratory work, lectures, demonstrations, etc., as appropriate.

Time	Activity
_____	_____
_____	_____
_____	_____

Note: Refreshments may be served before, during, and after the session; however, no alcoholic beverages can be served prior to or during the session.

Faculty Roster *(Please list faculty and their titles exactly as you want them to appear in program.)*

Faculty Member 1

Name _____

Title _____ Degree _____

Affiliation and Mailing Address _____

Telephone (_____) _____ FAX (_____) _____

Area Code Area Code

Faculty Member 2

Name _____

Title _____ Degree _____

Affiliation and Mailing Address _____

Telephone (_____) _____ FAX (_____) _____

Area Code Area Code

Faculty Member 3

Name _____

Title _____ Degree _____

Affiliation and Mailing Address _____

Telephone (_____) _____ FAX (_____) _____

Area Code Area Code

(Add sheets for more faculty)