Department of Continuing Medical Education Agreement to Exhibit at a CME Activity

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| **CME Activity Title** | **Innovations in Breast Reconstruction Conference** |
| Date of Activity | **05-11-19** |
| **Location** | **Townsend** |
| * Exhibitor agrees to abide by all requirements of the **ACCME’s Accreditation Criteria**, the **ACCME Standards for Commercial Support**, and **Beaumont Continuing Medical Education Policies.** Specifically: * Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support. Beaumont Health System will be responsible for the identification, determination, and selection of needs, objectives, content, faculty, educational methods, evaluation, and audience and will ensure that the decisions are made free of the control of the exhibitor. * All exhibitors must be in a room or area separate from the education; the exhibits must not interfere or in any way compete with the learning experience prior to, during, or immediately after the activity. * Representatives of the company exhibiting may attend CME activities at the discretion of Beaumont Health System for the direct purpose of the representatives’ own education; however, they may not engage in sales or marketing activities while in the space or place of the educational activity. * Information on the identity of learners at CME activities is considered to be the confidential property of Beaumont Health System. Information on learners will only be released to third parties when learners have prospectively signed a document authorizing this release of information. * Exhibit space at this CME activity has not and will not be given as a condition of commercial support. A separate exhibit fee is for rental of space and shall be paid to the sponsoring organization, department or division. * *Exhibit Set-up:* 6:30 – 7:30 am *Exhibit Tear-Down:* 3:30 – 4:30 pm * *Payment must be received by 4/30/2019. Exhibits will be confirmed upon receipt of this signed agreement and payment information; all exhibits are offered on a first come, first served basis. Payment must accompany this agreement in order to be accepted. All payments are final; refunds will not be awarded for exhibitors who cancel or do not show on the date of the event.* | |

**Exhibit Application Fees: $500 per Beaumont Health Table $1,500 per Non-Beaumont Health Table**

**1 Table ($----)**  **2Tables ($----)**

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| Each Exhibit fee includes:   * 6 foot table(s) with skirting and shared electrical every 2 tables * Exhibit hall open to attendees during breakfast, breaks and lunch * Meeting registration for two representatives per table ($50 fee for each additional vendor) |

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| **Information about the Exhibitor:** | | | | | |
| **Company/Organization** | |  | | | |
| **Exhibit Contact** | |  | | | |
| **Mailing Address** |  | | | **City/State/Zip code** |  |
| **Telephone** |  | | **Email** |  | |

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| **Representative(s) who will be working at the conference: (Limit 2 per table)** | | | | | | |
| **Table 1** | **Name:** |  | **Phone:** |  | **Email:** |  |
| **Table 1** | **Name:** |  | **Phone:** |  | **Email:** |  |
| **Table 2** | **Name:** |  | **Phone:** |  | **Email:** |  |
| **Table 2** | **Name:** |  | **Phone:** |  | **Email:** |  |

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| Payment Information: (*This form MUST be signed below and included with payment)* | | | | | | | |
|  | Check – Payable to: |  | MasterCard | Name on Card: |  | | |
|  | William Beaumont Hospital |  | Visa | Account #: |  | | |
|  |  |  | Discover | Expiration Date: |  | Zip Code: |  |
|  | (Federal Tax ID# 38-1459362) |  | AmEx | Amount: | $ | | |

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| **By signing this form, I indicate that I have reviewed and will abide by the terms and conditions of this agreement.**  **Signature:** |