

EXHIBITOR RESERVATION FORM

Terms and Conditions for an Exhibitor/Vendor table-top, booth, product theater, or display

Course Provider: _____

Title of CME Activity: _____

Location: _____ **Date:** _____

Exhibitor Hours: _____ to _____; _____ to _____

(Max 1 hour prior to & 1 hour after the educational sessions. Exhibits must remain closed during the educational sessions.)

Company Name (to appear in activity materials): _____

Company Division/Branch: _____

Contact Person(s): _____

Address: _____ **City, State, Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Representatives Staffing Exhibit (2 max): _____

Electrical outlet needed: (cords provided by exhibitor) Yes No

EXHIBIT FEE

The company listed above wishes to participate as an exhibitor for the above-named activity. Exhibitor fees are provided in the amount of _____ per exhibit. Check payable to: _____.

SIGNATURES

Company representative and course provider representative must sign below.

CONDITIONS

The exhibitor agrees to abide by the ACCME Standards for Commercial Support of Continuing Medical Education, the AMA Gifts to Physicians policy, and the UCI Healthcare Vendor Relations Policy which bans all gifts. Exhibitors will display only during those hours which have been specified by the course provider in an area separate from education. Representatives will wear program-issued name tags at all times.

The course provider agrees to 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge exhibitors via signage or other means. Additionally, the course provider will provide one 6' table & two chairs. Additional tables will be at exhibitor's expense.

AGREED

Company Representative Name, Title: _____

Signature: _____ **Date:** _____

Course Provider Representative Name, Title: _____

Signature: _____ **Date:** _____

Please return this completed form and payment to:

|