

Dear Representative,

The **5TH ANNUAL UPDATE ON LIVER DISEASE** will be held on **Saturday, January 11, 2020**. This one-day CME live activity will take place at UT Southwestern's T. Boone Pickens Auditorium and is sponsored by UT Southwestern Department of Liver Transplant/Digestive Disease, and the Office of Continuing Medical Education at UT Southwestern Medical Center.

This activity is a review course intended to update providers on a diverse range of topics including viral hepatitis, alcohol and nonalcoholic fatty liver disease, cirrhosis, portal hypertension, hepatocellular carcinoma and liver transplantation. The conference will focus on recent advances and publications. The discussion will be centered on case presentations in order to make the activity interactive and practical.

This program is designed for all physicians, physician assistants, nurse practitioners and specialists in Internal Medicine, Gastroenterology and associated disciplines caring for patients with liver disease.

Topics include:

- Viral Hepatitis
- Genetic Liver Disease
- PBC and PSC
- NAFLD
- Management of Portal Hypertension in 2020
- Acute Chronic Liver Failure
- Alcoholic Hepatitis
- Early Detection and Treatment of HCC
- Approach and Management of Liver Masses
- Living Donor Liver Transplant

**For a detailed agenda go to <https://cme.utsouthwestern.edu/rp2001a>

We are asking for your support of this program with an exhibit fee in the amount of **\$1500.00**.

Benefits of Exhibiting

Meet one-on-one to discuss your products and services with medical professionals who will attend this meeting. Further benefits of exhibiting at the **5th Annual Update on Liver Disease** includes:

- Exposure to approximately 100 of attendees. Approximately 65% of the attendees are physicians
- Ample intermissions between morning and afternoon sessions allow time for attendees to visit your exhibit
- Breakfast and coffee breaks are held in the exhibit area during session intermissions to help increase traffic flow
- Build visibility for your company in a competitive marketplace
- Expand your prospective place and strengthen existing customer relationships

We look forward to your support and participation.

Exhibitor Levels and Benefits:

Your company can support this program with an exhibit fee in the following amounts:

Exhibitor level: \$1500.00

All support as an exhibitor will be fully acknowledged at the course and you will receive recognition in announcements from the course directors at the meeting, signage and course handouts.

Attendee Lists:

Attendee lists will be provided upon request at the program only. As a health care provider, we must respect the privacy of our attendees. Therefore only limited attendee contact information will be provided to exhibiting companies (name, affiliation, city and state). Telephone, fax, email and street addresses will not be distributed.

Conference and Exhibit Details:

Conference and Exhibit Details:	
Exhibit Location:	<i>T. Boone Pickens Biomedical Building Auditorium Foyer</i>
Exhibit Space:	One 6' foot skirted table & 2 chairs
Exhibit Dates/Times:	Set up on Saturday, 1/11/20 at 6:30am Exhibits during registration, breakfast, and morning break, starting 7:00am to 3:30pm

Exhibit Space:

Assigned exhibit space consists of one 6-8 foot table and two (2) chairs. Power outlets are limited and are first come first serve.

Required Form:

Included in this package is the Exhibitor Agreement form required. Please complete the 2 page form and return to Laura Hall at laura.hall@utsouthwestern.edu or fax to 214-648-2317 by **January 3, 2020**

Confirmation & Payment

Exhibit space is not confirmed until an Exhibitor Agreement form is completed and signed by both parties. A counter-signed copy of the agreement will be sent back as confirmation of your exhibit space along with a receipt if paid by credit card. **Payment must be received prior to the start of the course.**

Please make checks payable to UT Southwestern/Continuing Education, and reference to program **RP2001A**.

Mail checks to:
UT Southwestern Medical Center
Office of Continuing Education
5323 Harry Hines Blvd., Mail Code 9059
Dallas, TX 75390-9059

An invoice may be provided upon request. Please send requests/payments to:

Attn: Laura Hall
UT Southwestern Medical Center
Continuing Medical Education
5323 Harry Hines Blvd. Mail code 9059
Dallas, TX 75390-9059.
Tax ID # 75-6002868

Exhibit Space Cancellations:

Cancellations must be received in writing at least ten business days prior to the start of the course. If a cancellation is received after this time, no refund will be provided.

Parking:



Location

UT Southwestern Medical Center
T. Boone Pickens Biomedical Building
6001 Forest Park Road
Dallas, TX 75390

PARKING

Visitor parking is available in the parking garage entered from 6001 Forest Park, located adjacent to the T. Boone Pickens Biomedical Building. The garage entrance is to the right of the front building entrance. The garage elevators will take you to the third floor. Follow the directional signs to the conference room.

Monday - Friday: There is a daily \$3 parking fee (no re-entry) unless specified covered by event.

Saturday-Sunday: Parking is complimentary

Shipping Instructions:

Incoming Shipping Instructions:	UT Southwest Medical Center Receiving Dock NG01.301 Attn: Laura Hall Phone: 214-648-9280 5901 Forest Park Dallas, TX 75235	<ul style="list-style-type: none">Email me with number of packages you are shipping and tracking numbers prior to program.Be sure to monitor your shipment and bring your tracking number(s) with you.
Shipping Department Hours	Monday-Friday: 8 am - 4 pm Saturday-Sunday: Closed	
Outgoing Shipping Instructions:	Representatives will be responsible for preparing and taking all outgoing shipments to the nearest FedEx or UPS store.	

UTSouthwestern
Medical Center

OFFICE OF CONTINUING MEDICAL & PUBLIC EDUCATION

EXHIBITOR AGREEMENT

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Name	5th Annual Update on Liver Disease			Activity #	RP2001A
Location	UT Southwestern Medical Center	City	Dallas	ST	Texas
Dates	Saturday, January 11, 2020				
Agreement between	ACCREDITED PROVIDER (PROVIDER) The University of Texas Southwestern Medical Center (UTSW) AND COMMERCIAL COMPANY (EXHIBITOR)				
Company Name					
Address					
City	ST	Zip			
Contact Telephone	Fax				

Exhibitor Information

Contact Name	Email
Telephone	Cell

TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at www.acmec.org
SCS 4.2 For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.
- EXHIBITOR may distribute promotional materials at their exhibit space only. Distribution of pharmaceuticals or other samples is prohibited.
- All commercial support associated with this activity will be given with the full knowledge of the PROVIDER. No additional payments, goods, services or events will be provided to the course director(s), planning committee members, faculty, joint sponsor, or any other party involved with the activity.
- Completion of this agreement represents a commitment and payment is due and collectible by the ACTIVITY DATE unless otherwise agreed upon by the PROVIDER. PROVIDER reserves the right to refuse exhibit space to EXHIBITOR in the event of nonpayment.
- PROVIDER agrees to provide exhibit space and may acknowledge EXHIBITOR in activity announcements. PROVIDER reserves the right to assign exhibit space or relocate exhibits at its discretion.
- PROVIDER Federal Tax ID number is 75-6002868.
Please remit check payable to UT Southwestern Medical Center. Please identify name of course on the check stub.

AGREED

EXHIBITOR Representative

Signature _____

Name _____

Title _____

Date _____

PROVIDER Representative

Signature _____

Name **Ericka Harden-Dews, JD, CHCP**

Title **Director, Office of Continuing Education & Public Education**

Date _____

EXHIBITOR REGISTRATION AND PAYMENT FORMActivity Name **5th Annual Update on Liver Disease**Activity # **RP2001A****Exhibit Space Information**

Level	Amount	Description
<input type="checkbox"/> Exhibitor	\$	
	\$	

Payment Information

<input type="checkbox"/> Check enclosed	<input type="checkbox"/> Check will be mailed		
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
Credit Card Number		Exp.	
Name on Card		Sec.	
Billing Address		Code	
City	ST	Zip	

Remittance Information

Mail	UT Southwestern Medical Center Office of Continuing Medical & Public Education 5323 Harry Hines Blvd., Mail code 9059 Dallas, TX 75390-9059
Fax	214-648-2317
Email	Laura.hall@utsouthwestern.edu

Agreement must be received by January 3, 2020****Before sending, please double check the following to avoid any delay in getting your request processed:**

- Exhibitor agreement form is completed and signed
- If paying by credit card, make sure you include the expiration date and security code
- Include program number **“RP2001A”** on all correspondence and payments