

OFFICE OF CONTINUING MEDICAL & PUBLIC EDUCATION

EXHIBITOR AGREEMENT

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Name	2023 Bass Symposium in Neurological Innovations: Topics in Pediatric Surgery			Activity #	RP2303A
Location	T. Boone Pickens Biomedical Building & Virtual	City	Dallas	ST	Texas
Dates	Saturday, March 4, 2023				
Agreement between	ACCREDITED PROVIDER (PROVIDER) The University of Texas Southwestern Medical Center (UTSW) AND Ineligible company (EXHIBITOR) Company Name				
Address					
City		ST		Zip	
Telephone		Fax			

TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME Standards for Integrity and Independence in Accredited Continuing Education as it relates to marketing by "ineligible companies" or non-accredited education associated with the accredited continuing education.
- An ineligible company is defined by ACCME as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. These companies are ineligible to be accredited within the ACCME system. ACCME does not consider providers of clinical service directly to patients to be ineligible companies.
- Exhibitor agrees that this letter of agreement to market or exhibit is separate from any agreements for commercial support for accredited continuing education. Exhibitor agrees this letter of agreement is **not** 1) related to the planning, delivery, and/or evaluation of accredited education; 2) designed to interfere with the presentation of the education, and/or 3) condition of financial or in-kind support for accredited continuing education.
- For live continuing education activities (in person or virtual), EXHIBITOR advertisements and promotional materials cannot be displayed or distributed within 30 minutes before or after an accredited education activity.
- For Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisements from the EXHIBITOR.
- 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 EXHIBITOR with this marketing opportunity and acknowledge EXHIBITOR in activity announcements without the use of marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages in compliance with ACCME Standards for Integrity and Independence in Accredited Continuing Education.
- 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 _____ DO NOT SIGN

Name _____

Title _____
Please use the Letter of Agreement (LOA) sent via DocuSign

Date _____

PROVIDER Representative

Signature _____

Name _____ Shawn Cohenour

Title _____ Director, Supply Chain Management - Contracts Management

Date _____

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EXHIBITOR REGISTRATION AND PAYMENT FORM

Activity Name	2023 Bass Symposium in Neurological Innovations: Topics in Pediatric Surgery	Activity #	RP2303A
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Exhibitor Information			
Contact Name	Contact Name	Email	Email
Telephone	Contact Telephone	Cell	Cell

Exhibit Space Information			
Level	Amount	Description	
<input checked="" type="checkbox"/> Hybrid exhibitor	\$2,500.00	One 6 foot table with (2) chairs and an informational only virtual exhibit booth. <i>(Note, no live interaction links will be used in the virtual booths for this hybrid event.)</i>	

Please submit payment by credit card through secure portal

Payment information

Preferred: **ONLINE**

- Use the login information provided with your confirmation to make your credit card payment online

If paying by **CHECK OR ELECTRONIC PAYMENT;**

- Include the following Program Activity #: **RP2303A**
- Provide the payment reference # and payment date to cmeregistrations@utsouthwestern.edu by 12:00 p.m. **February 20, 2023.**

- **Please mail check and a copy of signed LOA to:**

Office of Continuing Education
University of Texas Southwestern Medical Center
Mail Code 9059
5323 Harry Hines Blvd
Dallas, TX 75390

Agreement must be received by **January 30, 2023.**