

**OFFICE OF CONTINUING EDUCATION**

**EXHIBITOR AGREEMENT**

*Regarding the Terms and Conditions for a Commercial Exhibit*

<b>Activity Name</b>	<b>Ophthalmology Sub-Specialty Series: John R. Lynn, MD</b>		<b>Activity #</b>	RSS205-041523
	<b>Lectureship</b>			
<b>Location</b>	T. Boone Pickens Biomedical Building & Virtual	<b>City</b>	Dallas	<b>ST</b>
				Texas
<b>Dates</b>	Saturday, April 15, 2023			
<b>Agreement between</b>	ACCREDITED PROVIDER (PROVIDER) The University of Texas Southwestern Medical Center (UTSW) AND Ineligible company (EXHIBITOR)			
<b>Company Name</b>	_____			
<b>Address</b>	_____			
<b>City</b>	_____	<b>ST</b>	_____	<b>Zip</b>
<b>Telephone</b>	_____	<b>Fax</b>	_____	_____

**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**

**PROVIDER Representative**

**Signature** \_\_\_\_\_ **DO NOT SIGN**

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_  
**Please use the Letter of Agreement (LOA) sent via DocuSign**

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

**OFFICE OF CONTINUING EDUCATION**

**EXHIBITOR REGISTRATION AND PAYMENT FORM**

<b>Activity Name</b>	Ophthalmology Sub-Specialty Series: John R. Lynn, MD Lectureship	<b>Activity #</b>	RSS205-041523
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<b>Exhibitor Information</b>	
<b>Contact Name</b> _____	<b>Email</b> _____
<b>Telephone</b> _____	<b>Cell</b> _____

<b>Exhibit Space Information</b>		
<b>Level</b>	<b>Amount</b>	<b>Description</b>
<input type="checkbox"/> Exhibitor	\$2,000.00	One 6-8 foot table undraped with two (2) chairs

**Please submit payment by credit card through secure portal after you receive your confirmation email.**  
**(Confirmation email is sent once Exhibit LOA is fully-executed by all parties)**

**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 #: **RSS205-041523**
- Provide the payment reference # and payment date to [cmeregistrations@utsouthwestern.edu](mailto:cmeregistrations@utsouthwestern.edu) by **12:00 p.m. on March 31, 2023.**

- **Please mail check 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 **February 28, 2023**