

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

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.

**Additional Terms of Exhibit Agreement:**

- **Payment MUST be received by 08/24/2019 and must accompany this agreement. It cannot be combined with Workshop fees.**

CME Activity Title	2019 Pathology Seminar		
Date of Activity	September 7 <sup>th</sup> , 2019		
Location	Somerset Inn, Troy, Michigan		
Exhibit Set-up	September 7 <sup>th</sup>	Exhibit Tear-Down	September 7 <sup>th</sup>

Exhibit Fees:     1 Table (\$1,250)     2 Tables (\$2,500)

<b>Each Exhibit fee includes:</b> <ul style="list-style-type: none"> <li>✓ 6 foot table(s) with skirting and shared electrical every 2 tables</li> <li>✓ Exhibit hall open to attendees during breakfast, breaks, lunch and the cocktails &amp; hors d'oeuvres reception</li> <li>✓ Registration for two representatives per table to attend conference sessions and meal functions</li> </ul> <b>Exhibit restrictions:</b> <ul style="list-style-type: none"> <li>✓ Must comply with William Beaumont Hospital Corporate CME Policies (outlined above)</li> </ul>
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<b>Information about the Exhibitor:</b> <i>(This is a fillable pdf - please type information into the appropriate boxes.)</i>	
Company/Organization	
Exhibit Contact	
Mailing Address	
Telephone	Email

<b>Representative(s) who will be working at the conference:</b> (Limit 2 per table)					
Table 1	Name:	Phone:	Email:		
Table 1	Name:	Phone:	Email:		
Table 2	Name:	Phone:	Email:		
Table 2	Name:	Phone:	Email:		

<b>Payment Information:</b> <i>(This form MUST be signed below and a copy included with payment.)</i>							
<input type="checkbox"/> Check – Payable to: <b>BEAUMONT LABORATORY</b> <b>PATHOLOGY SEMINAR</b> <b>Clinical Pathology, 306-RI</b> <b>(Beaumont Federal Tax ID# is 46-5718220)</b>	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex	Name on Card:					
		Account #:					
		Expiration Date:		Security Code:			
		Street Address & Zip:					
		Amount:		\$			
Authorized Signature: _____							

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

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

**Please remember to sign this completed form and mail with payment by August 24, 2019 to:**

**Pathology Seminar • Beaumont Laboratory • Clinical Pathology -3601 W. 13 Mile Rd - 306-RI • Royal Oak, MI 48073**

**Questions? Contact Nancy Ramirez • [Nancy.Ramirez@beaumont.org](mailto:Nancy.Ramirez@beaumont.org) • Phone: (248) 898-1904 • Fax: (248) 551-0557**