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| **Activity Title** |  |
| Date of Activity |  |
| **Location** |  |

Exhibitor agrees to abide by all requirements of **Accreditation Criteria**, the **ACCME Standards for Integrity and Independence in Accredited CE**, and **Corewell Health Southeast Michigan 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. Corewell Health Southeast Michigan 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 Corewell Health Southeast Michigan or its educational partner 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.
* Exhibit space at this accredited CE 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.
* **Information on the identity of learners at accredited CE activities will only be released to third parties when learners have prospectively given consent authorizing this release of information.**

**Exhibit Application Fee:**  $

Exhibit Set-up Time:       Exhibit Tear-Down Time:

Payment must be received by mm/dd/yyyy. Exhibits will be confirmed upon receipt of this signed agreement and payment information; all exhibits are offered on a first come, first served basis. Payment must accompany this agreement in order to be accepted. All payments are final; refunds will not be awarded for exhibitors who cancel or do not show on the date of the event.

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| Each Exhibit fee includes:   * 6 foot table(s) with skirting and shared electrical every 2 tables * Exhibit hall open to attendees during breakfast, breaks, lunch and the cocktails & hors d’oeuvres reception * Meeting registration for two representatives per table |

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| **Information about the Exhibitor:** | | | | | | |
| **Company/Organization Name** | | |  | | | |
| **Exhibit Contact** | |  | | | | |
| **Mailing Address** |  | | | | **City/State/Zip code** |  |
| **Telephone** |  | | | **Email** |  | |

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| **Representative(s) who will be working at the conference: (Limit 2 per table)** | | | | | | |
| **Table 1** | **Name:** |  | **Phone:** |  | **Email:** |  |
| **Table 1** | **Name:** |  | **Phone:** |  | **Email:** |  |
| **Table 2** | **Name:** |  | **Phone:** |  | **Email:** |  |
| **Table 2** | **Name:** |  | **Phone:** |  | **Email:** |  |

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| Check  Payable to: **Beaumont Health** | Credit Card  A secure online payment link will be provided. | Internal Journal Transfer  CC |

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