**EXHIBITOR AGREEMENT**

*Regarding the Terms and Conditions for a Commercial Exhibit*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Name** | 2019 SAEM South Central Regional Meeting | **Activity #** |       |
| **Location** | UT Southwestern Medical Center | **City** | Dallas | **ST** | TX |
| **Dates** | September 6-7, 2019 |
|  |  |
| **Agreement between** | ACCREDITED PROVIDER (PROVIDER) |
|  | The University of Texas Southwestern Medical Center (UTSW) |
|  |  AND |
|  | COMMERCIAL COMPANY (EXHIBITOR) |
|  | Company Name |
| **Address** |       |
| **City** |       | **ST** |       | **Zip** |       |
| **Telephone** | Contact Telephone | **Fax** | Fax |

*TERMS AND CONDITIONS*

* EXHIBITOR agrees to abide by ACCME Standards for Commercial Support as stated at [www.accme.org](http://www.accme.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 pharmaceuticalsor 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 mayacknowledge 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**

|  |  |  |
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| **EXHIBITOR Representative** |  | **PROVIDER Representative** |
| **Signature** |  |  | **Signature** |  |
| **Name** |       |  | **Name** | Ericka Harden-Dews, JD, CHCP |
| **Title** |       |  | **Title** | Director, Office of Continuing Medical & Public Education |
| **Date** |       |  | **Date** |  |

**EXHIBITOR REGISTRATION AND PAYMENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Name** | 2019 SAEM South Central Regional Meeting | **Activity #** |       |

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| **Exhibitor Information** |
| **Contact Name** | Contact Name | **Email** | Email |
| **Telephone** | Contact Telephone | **Cell** | Cell |

|  |
| --- |
| **Exhibit Space Information** |
|  | **Level** | **Amount** | **Description** |
| [ ]  | Exhibitor | $      |       |
| [ ]  |       | $      |       |
| [ ]  |       | $      |       |

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| **Payment Information** |
| [ ]  | Check enclosed – Payable to UT Southwestern Medical Center |
| [ ]  | Credit Card | [ ]  | Visa | [ ]  | MasterCard | [ ]  | AMEX |
|  | Credit Card Number |       | Exp. | MM/YY |
|  | Name on Card |       |  |  |
|  | Billing Address |       |
|  | City |       | ST |       | Zip |       |

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| **Remittance Information** |
| **Mail** | UT Southwestern Medical CenterOffice of Continuing Medical & Public Education5323 Harry Hines Blvd.Dallas, TX 75390-9059 |
| **Fax** | 214-648-2317 |
| **Email** |       |

Agreement must be received by **August 23, 2019**.