Center for Experiential Learning
601 Elmwood Avenue, Box 709 Rochester, NY 14642

UNIVERSITY of ROCHESTER MEDICAL CENTER

COMMERCIAL EXHIBITOR REGISTRATION FORM

Please return this form to the Office of Continuing Professional Education at the fax/address below

CONFERENCE TITLE **Targeting the Inflammatory Pathways** **Date**

Location

COMPANY NAME: _____

(List company name as you would like it to appear in acknowledgment material)

The above named company agrees to pay an exhibit fee of $_____.
This fee includes a 6' foot display table, two complimentary conference registrations (not including CME credit), and mention in program materials as an exhibiting supporter of the conference.

Status of exhibit fee payment [ ] Included [ ] In Process

BILLING_____
PRIMARY CONTACT : _____

ADDRESS: _____

_____

TELEPHONE: _____ FAX: _____

Email _____

EXHIBIT LOGISTICS
PRIMARY CONTACT: _____

ADDRESS: _____

_____

TELEPHONE: _____ FAX: _____

Email _____

Name of attending company representative(s):
(additional attendees charged $75/each)

1. _____

2. _____

Electric outlet is needed: ____ Yes ____ No

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As an accredited CME sponsor, the University Of Rochester Center for Experiential Learning complies with ACCME Standards for Commercial Support of CME including:

STANDARD 4. Appropriate Management of Associated Commercial Promotion

4.1 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 for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

• *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.*

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

Signature Required

To reserve your exhibit space and guarantee your organization's commitment to pay the above listed exhibit fee and adhere to ACCME Standards.

Company Representative Name (Print)	Signature	Date
CPE Representative Name (Print)	Signature	Date

Please Fax this Exhibitor Form to
Center for Experiential Learning at 585-275-3721
Or email: CMEOffice@urmc.rochester.edu

Questions:

University of Rochester School of Medicine & Dentistry
Center for Experiential Learning
601 Elmwood Ave., Box 677, Rochester, NY 14642-8677
Telephone 585-275-9779 Fax 585-275-3721

Make checks payable to:
University of Rochester Center for Experiential Learning
Tax ID: 16-0743209

Mail to:
University of Rochester School of Medicine & Dentistry
Center for Experiential Learning
601 Elmwood Ave., Box 709
Rochester, NY 14642-8677