

## **COMMERCIAL EXHIBITOR REGISTRATION FORM**

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

**CONFERENCE TITLE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**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):**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Electric outlet is needed:**                      \_\_\_ Yes                      \_\_\_ No

**Please see page 2 of this form.**

**As an accredited CME sponsor, the University Of Rochester Office Of Continuing Professional Education 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.

**To confirm your registration, please agree to the following terms by checking each of the boxes and signing below.**

- I agree to pay the exhibit fee. I understand that this fee includes a display table, two complimentary conference registrations (not including CME credit) and mention in program materials as an exhibiting company.
- I understand I will be charged \$75.00 for each representative attending the conference above the complimentary two.
- I understand that, should I need to cancel the exhibit registration for any reason I will incur a cancellation fee. (Please call the CPE Office at 585-275-4392 for cancellation questions).
- I agree to adhere by the Standards of Commercial Support as set forth by the Accreditation Council for Continuing Medical Education.
- I agree to abide by the University of Rochester Medical Center Policy on Industry Interactions.

\_\_\_\_\_  
Company Representative Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPE Representative Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Fax this Exhibitor Form to Office of Continuing Professional Education at 585-275-3721**

**Questions:**

**Rhiannon Rosicka**  
University of Rochester School of Medicine & Dentistry  
Telephone 585-275-9779 Fax 585-275-3721

**Mail to:**

University of Rochester School of Medicine & Dentistry  
Office of Continuing Professional Education  
601 Elmwood Ave., Box 677  
Rochester, NY 14642-8677

**Make checks payable to:**

University of Rochester Continuing Professional Education  
**Tax ID: 16-0743209**