



AGREEMENT - EXHIBITOR

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title _____

Location _____ Date(s) _____

Between _____

PRESENTER

AND _____

EXHIBITOR

Contact _____ Phone _____ Fax _____ Email _____

The named EXHIBITOR wishes to exhibit at the above mentioned activity for the amount of \$ _____ Or
the Loan of Equipment _____

CONDITIONS

Exhibits: May not interfere with the activity presentation. Exhibit placement must not be a condition of the support.

Commercial Activities: No promotional materials may be displayed or distributed in the same room immediately before, during, or immediately after an educational activity.

Commercial Representatives: May attend the activity but no promotional behavior is permitted in the same room.

All other support: (e.g. distributing brochures, preparing slides) must have full knowledge and approval of the Office of Continuing Medical Education at SUNY Upstate Medical University.

No additional funds from the COMMERCIAL SUPPORTER will be paid to the activity director, faculty, or others involved.

SPONSOR agrees to acknowledge Exhibitor support from the COMMERCIAL SUPPORTER in activity announcements, syllabi, and slides when possible.

PAYMENT: should be made to: PMCAA and mailed to above address.

AGREED TO

EXHIBITOR Representative: _____

(Print)

Signature: _____

Date: _____

PRESENTER Representative: _____

(Print)

Signature: _____

Date: _____