Accredited Provider

RHODE ISLAND HOSPITAL

Continuing Medical Education Office

EXHIBIT Agreement

RHODE ISLAND HOSPITAL is committed to presenting CME activities that promote quality in healthcare and are independent of the control of commercial interests. As part of this commitment, RHODE ISLAND HOSPITAL has outlined in this written agreement the terms and conditions for exhibitors at its CME activities.

Title of CME Activity: RI Derm 5th Annual Fall Conference
Activity Location: Downtown Providence Marriott, Providence, RI
Name of Commercial Interest Exhibiting:
Amount of Exhibit Fee:

Terms, Conditions, and Purposes

Commercial Promotion: Exhibits are permitted in designated areas only, and are prohibited in the immediate educational space. Promotional activities must be kept separate from the CME educational session. Commercial interests may not engage in sales or promotional activities during times when educational presentations are in session.

Please reserve exhibit space (table) for:

Name of Exhibitor: _____

Address: _____

City, State, Zip: _____

Product(s): _____

Contact Information: *All correspondence will be with the contact person listed below. This person is responsible for forwarding all materials to agents and/or representatives.*

Contact Name:_____

Email Address:_____

Please describe the type of display or equipment you will be bringing? Tabletop display and additional recognition for a display table with dimensions of 6'x30".

Representatives Exhibiting: Please list the exhibiting representative names as they should appear on badges. These names can be changed prior to the program by sending an email to ridermsociety@gmail.com. (Gold is allowed four representatives; Silver is allowed two representatives. See Exhibitor Prospectus for details.) **Include email addresses as well if you'd like the reps to receive copies of meeting materials.**

1. _____
2. _____
3. _____
4. _____

Exhibitor Level: Please select one exhibitor level. See RI Derm Exhibitor Prospectus for entitlements and details.

☐ **Gold Level – $2,500.00**

☐ **Silver Level – $1,500.00**

RHODE ISLAND HOSPITAL, Joint Sponsor and Exhibitor agree to abide by all requirements of the ACCME Standards of Commercial Support SM (appended).

The Rhode Island Dermatology Society will be responsible to negotiate the contract with exhibitors.

Conference Admin Coordinator: Shawna Melvin, Executive Director, Rhode Island Dermatology Society, ridermsociety@gmail.com.

Return this completed form with check payable to: **RI Derm Society** (Credit Cards are also accepted.)

Agreed by Authorized Representatives

Commercial Interest

_____ _____
Signature *Date*

_____
Print Name

_____
Title

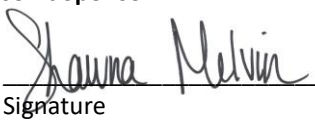
RHODE ISLAND HOSPTIAL

_____ _____
Signature *Date*

_____
Print Name

_____
Title

Joint Sponsor



_____ May 22, 2017
Signature Date

Shawna Melvin_____
Print Name

Executive Director, RI Derm Society
Title