



EXHIBITOR ORDER FORM

This form includes information for the handling of materials and services at the exhibit site. In order to reserve exhibit space, please complete this form and forward with your exhibit fee at your earliest convenience, **but no later than 60 days before event start date** to:

**Ashley Rankin, CME Program Coordinator, GME
Peninsula Regional Medical Center
100 East Carroll Street; Salisbury, MD 21801
Ashley.rankin@tidalhealth.org
Phone: 410-912-5746**

1. Event Overview: Provide a brief description of the educational event. This should outline the focus, purpose, and ACCME accreditation status of the event.

2. Exhibitor/Vendor Information

Company Name:	
Contact Name:	
Phone Number:	
Email Address:	
Address:	
Website:	

	UNITS	SERVICE FEE
Base Exhibit Fee (Includes: 6' Table, Chair)		
\$300.00	_____	_____
More than two Rep. \$50 per person	_____	_____
TOTAL AMOUNT DUE:		_____

Please Note: Exhibitors are responsible for providing their own signage.

Please bring your own extension cord, electric strip, and duct tape if needed. As stated above, your basic fee only covers a table with tablecloth and two chairs.

Please Note: No nails, bracing wires, tacks, staples, or tape used in construction displays may be attached to walls, floors, or ceilings. All property destroyed or damaged by exhibitors must be replaced to original condition by the exhibitors at their expense.

Other Requirements: If there are any unique requirements you may need, please contact the CME office at 410-912-5746 so we can address them.

Advertisement and promotional materials cannot be displayed or distributed inside the same space where the educational activity is taking place either before, during or after the educational activity.

3. Purpose of Participation

- Exhibitor/vendor will only be showcasing products/services in a manner that is consistent with the educational purpose of the event.
- Exhibitors/vendors are required to be in compliance with ACCME's and MedChi's guidelines regarding educational content and commercial interests.

4. Commercial Interest Disclosure

To ensure transparency, exhibitors/vendors are required to disclose any financial interests or relationships with commercial entities.

Do you have any financial relationships with commercial entities that are relevant to this educational activity?

Yes

No

If yes, please describe the relationship and the commercial entity:

This information will be made available to all participants in compliance with ACCME guidelines.

5. Educational Content Guidelines

- **No Promotion During Education:** Exhibitors/vendors are prohibited from promoting products/services during the educational sessions or in a manner that would be construed as influencing the content or learner decisions.
- **Booth Placement:** Exhibitor/vendor booths will be placed outside the designated educational session areas to avoid undue influence on participants.
- **Accredited Sessions:** Exhibitors/vendors must refrain from participating in the educational content delivery process, including the planning or presentation of CME activities.

6. Compliance with ACCME Standards

By signing below, the exhibitor/vendor agrees to the following:

- To comply with all ACCME guidelines, ensuring that no educational content is influenced by commercial interests.
- To acknowledge that no promotional materials can be distributed during educational activities, and all materials must be pre-approved by the event organizers.
- To follow the outlined standards of conduct for exhibitors/vendors to maintain the integrity of the event and its educational mission.

7. Terms and Conditions

- Exhibitor/vendor must adhere to all logistical requirements set forth by the event organizers (e.g., setup time, booth size, and presentation materials).
- Payment for the exhibitor/vendor space is due upon submission of this form.
- Any violation of ACCME guidelines may result in the removal of the exhibitor/vendor from the event.
- The event organizers reserve the right to approve or deny exhibitor/vendor participation based on compliance with ACCME standards.

8. Signature and Date

By signing below, the exhibitor/vendor acknowledges that they have read, understood, and agreed to comply with the ACCME guidelines outlined in this form.

Authorized Representative Signature:

Date: