



EXHIBITOR AGREEMENT

Conditions and Purpose for an Exhibitor/Vendor

Title of CME Activity:	24th Annual Advances in the Diagnosis and Treatment of Sleep Apnea and Snoring		
Course Number:	MOT18003		
Course Chair(s):	Andrew Goldberg, MD	Eric J. Kezirian, MD	Richard Schwab, MD
Location:	Feb. 16-17, 2018	Grand Hyatt Hotel	San Francisco, CA

Name of company as you would like it to appear in course materials:

Company (Company Name/Branch): _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

The company listed above wishes to participate as an exhibitor for the above-named activity. Exhibitor fees are established in the amount of \$ 2,500.00 _____

UCSF is solely responsible for the content and selection displayed by participant exhibitor(s)/vendors at all CME activities. No promotional activities will be permitted in the same room as the educational activity. Exhibitor/Vendor agrees to comply with the AMA, ACPE, CCRN, AAMC and PhRMA guidelines and where applicable, the ACCME Guidelines regarding seminars, meetings and other educational programs.

Exhibitors receive the following benefits:

- **(1) 6' x 30" tabletop exhibit space at UCSF assigned location in exhibit hall**
- **Standard acknowledgement from the podium**
- **Acknowledgement in the course syllabus distributed to each registrant***
- **(2) complimentary exhibitor attendees and (1) copy of the course syllabus**

Commercial supporters are not to conduct marketing or promotional activities in any conference area except for their assigned exhibit space. The exhibitor agrees to abide by the *ACCME Standards for Commercial Support of Continuing Medical Education*. UCSF agrees to: (1) abide by the *ACCME Standards for Commercial Support of Continuing Medical Education*; (2) acknowledge support from the exhibitor in program brochures, syllabi, and other course materials, and (3) upon request, furnish the exhibitor a report concerning the expenditure of the funds provided.

Indemnification: Exhibitors and their agents agree to protect, indemnify, defend, and hold harmless University of California San Francisco, School of Medicine and their respective employees, partners, and agents against all claims or liability, including but not limited to injuries and damages to persons or property, governmental charges and attorneys fees arising out of or caused by negligence or wrongful acts of the exhibitor or its agents or employees

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Display fees should be made payable to "**UC Regents.**" Tax ID# 94-6036493.

Please mail payment and completed, signed copy of this agreement to:

UCSF Office of CME
Attn: Dawn Bohlmann
3333 California St, Suite 450
San Francisco, CA 94118

AGREED:

Company Representative (name):	_____
Title:	_____
Signature: _____	Date: _____
UCSF - CME Representative (name):	_____
Signature: _____	Date: _____

Exhibitor: Return completed Exhibitor Agreement with your company name, exhibitor fee, and authorized representative's name, contact information, and signature to:

UCSF Office of CME
Attn: Dawn Bohlmann
3333 California St, Suite 450
San Francisco, CA 94143-0742

Phone: 415.476.4253
Fax: 415.476.0318
Email: dawn.bohlmann@ocme.ucsf.edu