

EXHIBITOR CONTRACT

*Regarding Terms, Conditions and Purposes of Exhibiting at a CME Program
(Form must be typed or printed legibly)*

Between Drexel University College of Medicine and _____ Company

Address _____

City/State/Zip _____

Telephone _____ Fax _____ Contact Person _____

Title of CME Activity _____

Location _____ Date(s) Exhibit will be available: _____

The above company wishes to exhibit at this CME activity. An exhibit fee in the amount of \$ _____ is required and will be used to provide unrestricted support for the CME Activity.

Accredited Provider: Drexel University College of Medicine

Address: Office of Continuing Medical Education ▪ 1427 Vine Street ▪ Room 405 ▪ Philadelphia., PA 19102

Contact: Cynthia Johnson, Assistant Dean Phone: 215-762-2580 ▪ Fax: 215-762-2589

TERMS AND CONDITIONS

1. **Statement of Purpose:** This CME program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. **Ancillary Promotional Activities:**
 - a. Arrangements for exhibits may neither influence planning nor interfere with the presentation of the educational activity;
 - b. commercial/promotional materials may not be displayed nor distributed in the same room immediately before, during, or immediately after the CME activity nor in any material disseminated as part of the program;
 - c. representatives of commercial supporters and exhibitors may attend the CME activity if they wish, but may not engage in sales activity in the room where the educational activity is held. As the accredited CME sponsor of this educational activity, DUCOM requires all exhibitors to disclose through signage at exhibit booths, the FDA status of the medical devices or pharmaceuticals displayed. Further information on these rules and regulations may be obtained from the FDA.
3. **Objectivity & Balance:** DUCOM will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information, and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
4. **Independence of Drexel University College of Medicine in the use of Contributed Funds:**
 - a. Exhibit fees are payable to the Office of Continuing Medical Education, Drexel University College of Medicine (Tax ID #23-2979433) or to our designee.
 - b. All other support associated with this CME activity must be pre-approved by the Office of Continuing Medical Education, DUCOM.
 - c. No additional funds from the commercial company will be paid to the program director, faculty, or others Involved with the CME activity (additional honoraria, extra social events, activity refreshments/meals, etc.) No funds from the Commercial Supporter will be used to reimburse or defray the costs of traveling, or other personal expenses of non-faculty healthcare professionals attending continuing medical education activities, either directly or indirectly with the exception of financial assistance to medical students, residents, fellows and other healthcare professionals in training, provided the selection of these individuals is made by the Accredited Provider or the approved designee.
5. The **Exhibitor/Supporter** agrees to abide by all requirements of the ACCME *Standards for Commercial Support of Continuing Medical Education* (copy supplied upon request).
6. **Drexel University College of Medicine** agrees to:
 - a. abide by the ACCME *Standards for Commercial Support of Continuing Medical Education*;
 - b. acknowledge support from the Commercial Company in program brochures, syllabi, and other program materials;
 - c. return funds due to cancellation of program. If the CME activity is rescheduled, the Accredited Provider may retain the funds to support the postponed activity

As the Exhibitor/ Supporter, I agree to the conditions outlined in this Exhibitor Contract

Representative of the Exhibitor/Supporter _____
(Please Print)

Signature _____ Date _____

As the Accredited Provider, I agree to the conditions outlined in this Exhibitor Contract

Drexel University College of Medicine/Accredited Provider

Approved By: Office of Continuing Medical Education, Assistant Dean for Continuing Medical Education: Cynthia Johnson

Signature _____ Date _____