

New York State College Health Association 2010 Annual Meeting

Exhibitor Agreement Form

*Regarding Terms, Conditions and Purposes of a Commercial Exhibit
at a Continuing Education Event*

Between:	<i>New York State College Health Association</i>
And [enter name of exhibitor]:	
Title of Activity:	NYSCHA 2010 Annual Meeting
Location:	Sheraton Syracuse University Hotel & Conference Center Syracuse, New York
Date(s):	October 20-22, 2010
Exhibitor (Company name/branch):	
Address:	
City, State, ZIP:	
Contact Person:	
Telephone:	
Fax:	
Email:	
Name of person(s) who will be exhibiting at the Annual Meeting:	

CONDITIONS

- Control of Content & Selection of Presenters & Moderators:** Sponsor is responsible for control of content and selection of presenters and moderators. The Company agrees not to direct the content of the program.
- Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.
- Independence of Sponsor in the use of Contributed Funds:**
 - Funds should be in the form of an exhibit fee made payable to New York State College Health Association.
 - All other support associated with this educational activity (e.g., distributing brochures, preparing slides, etc.) must be given with full knowledge and approval of New York State College Health Association.
 - No other funds from the commercial company will be paid to the program director, faculty or others involved with the educational activity (additional honoraria, extra social events, etc.).

The exhibiting company and the accredited sponsor (ACHA) agree to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education and the ANCC Standards for Commercial Support of Continuing Nursing Education (available upon request).

By typing my name below, I am providing my electronic signature confirming that all the information entered on all pages of this Exhibitor Agreement is accurate and agreeing to adhere to the Conditions and Policies as stated.

Corporate Representative:	Name:	Date:
NYSCHA Representative:	Name:	Date:
ACHA Representative:	Name:	Date:

Return form to: Mary Madsen, RN-C, University of Rochester, Box 270617, Rochester, NY 14627 or by e-mail to mmadsen@uhs.rochester.edu. Call 585-275-2196 with questions.