

NYSCHA 2012 Annual Meeting

EXHIBITOR AGREEMENT FORM

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

Between:	New York State College Health Association (NYSCHA) <i>NYSCHA Tax ID # 23-7289786</i>	
and: [Insert Exhibiting Company's name]		
Title of Activity:	NYSCHA 2012 Annual Meeting	
Location:	Syracuse, New York	
Date(s):	October 24-26, 2012	
Exhibitor (Company name):		
Address:		
City, State, ZIP:		
Telephone:		
Fax:		
Email:		
Contact Person:		
Person(s) who will be exhibiting (if known)		
Advertisement in the final conference booklet: You can choose a half page advertisement (\$100) or a full page advertisement (\$200).		<input type="checkbox"/> \$100 (Half Page Ad) <input type="checkbox"/> \$200 (Full Page Ad)

CONDITIONS FOR EXHIBITORS

- 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 **the New York State College Health Association (NYSCHA)**.
 - All other support associated with this educational activity (e.g., distributing brochures, preparing slides, etc.) must be given with full knowledge and approval of the **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 and NYSCHA) 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:
Institution/Affiliate/Organization (NYSCHA) Representative:	Name:	Date:

Send form and check to: Mary Madsen, NYSCHA Exhibit Coordinator, University of Rochester, Box 270617, 738 Library Road, Rochester, NY 14627. If you have questions, write to mmadsen@uhs.rochester.edu or call 585-275-2196.