



Los Angeles Pediatric Society  
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### EXHIBITOR AGREEMENT

Los Angeles Pediatric Society (LAPS) is committed to presenting continuing medical education (“CME”) activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, LAPS has outlined in this written letter of agreement the terms, conditions, and purposes of commercial support for the CME activity listed below:

**Please type or print clearly**

1. Exhibiting Company’s Name: \_\_\_\_\_  
(As it should appear on material distributed to program attendees)
2. Exhibit Contact Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
5. On-site Contact Name (if different from above): \_\_\_\_\_
6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
7. The above-named company agrees to provide a tabletop exhibit for this CME activity with the fee of \$850  
 Payment Enclosed (Payable to Los Angeles Pediatric Society)

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| If your company is interested in providing an unrestricted grant for this meeting, please list contact information below: |             |
| Name _____                                                                                                                | Email _____ |
| Website _____                                                                                                             | Phone _____ |

8. Activity/Program Title: Brennemann Lectures                      Program Chair: Ron Nagel, MD
9. Location: *Disney’s Paradise Pier*® Hotel, 1717 S. Disneyland Dr., Anaheim CA 92802
10. Exhibit Date: September 21-23, 2012

**PLEASE READ THE FOLLOWING CONDITIONS AND GUIDELINES CAREFULLY AND PROVIDE A COPY TO YOUR COMPANY’S ONSITE EXHIBIT REPRESENTATIVES.**

- Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for the CME activity.
- Advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during or after the CME activity.
- Representatives of commercial supporters and exhibiting companies can attend the CME activity at ACCF’s discretion but cannot engage in sales or promotional activities while in the space or place of the CME activity.
- Exhibit fees are not considered commercial support and will not be acknowledged as educational grants.

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- The **Exhibitor/Supporter** agrees to abide by all requirements of the ACCME *Standards for Commercial Support of Continuing Medical Education* (copy supplied upon request).
- **LAPS** agrees to:
  - abide by the ACCME *Standards for Commercial Support of Continuing Medical Education*;
  - acknowledge support from the Commercial Company in program brochures, syllabi, and other program materials;
  - return funds due to cancellation of program.

**Cancellation by Exhibitor** - Exhibiting companies must send written notice of cancellation to LAPS. The date on which the notice is received is the official cancellation date. Cancellations sent via fax or emails are accepted. If the cancellation is received 30 or more days before the activity start date, 50% of the contracted exhibit fee will be refunded. If the cancellation is received less than 30 days before the activity start date, 100% of the contracted exhibit fee will be retained.

**Adherence to Exhibitor Guidelines** - It is the responsibility of exhibiting companies to distribute these conditions and guidelines to all representatives attending the CME activity and/or working the exhibit space.

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

Authorized Representative of the Exhibitor/Supporter

\_\_\_\_\_  
 (Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PAYMENT: Your check for \$850 should accompany this agreement.**

**Please make payable to: LOS ANGELES PEDIATRIC SOCIETY**  
**and mail to: LAPS, PO Box 4198, Torrance, CA 90510-4198.**

**Tax ID #95-2673275**

**W-9 Furnished Upon Request**

NEED HELP? HAVE QUESTIONS? CONTACT:

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