



**Crozer-Chester Medical Center
Office of Continuing Medical Education**

CME ACTIVITY EXHIBITOR AGREEMENT

Title of Activity: _____ **Exhibit Fee:** _____

Date(s): _____ **Location:** _____

Exhibit Guidelines:

1. Exhibitors Agreement must be on file 10 business days prior to the activity unless other arrangements have been made with the CME Office.
2. Exhibit space is provided on a first come, first served basis.
3. The exhibit fee must be paid before the exhibitor is allowed to set-up, unless other arrangements have been made with the CME Office in advance.
4. The exhibit fee is non-refundable.
5. The CME Office reserves the right to refuse exhibits, curtail activities, or close exhibits that do not comply with ACCME and other regulatory organization guidelines.

EXHIBITOR INFORMATION

Company Name: _____

Company Product or Service _____

Address: _____

City/State/Zip: _____

Representative Name: _____ **Title:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Special requirements (electrical outlet, Internet connection, wastebasket): _____

No. Reps to attend: _____ **Name(s):** _____

No. Exhibit spaces: _____ **Total Fees: \$** _____

Exhibitor Signature: _____ **Date:** _____

Signature: _____ **Date:** _____
CME Office Representative

Exhibit specifications: Unless otherwise specified, standard exhibit space is one 8' table, suitable for tabletop display, plus two chairs. If additional space, equipment, or services are required, please notify the CCMC Office of Continuing Medical Education to make arrangements. The CME Office will invoice the exhibitor for any additional charges. Specify requirements in the space provided above.

CME CONTACT INFORMATION:
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