

### Exhibitor Form

The Conference Presented by the VMC Foundation:

\_\_\_\_\_  
(Name)

**Exhibitor Information**

We wish to exhibit at: \_\_\_\_\_

On \_\_\_\_\_ DATE(s).

Amount: \$ \_\_\_\_\_

Organization Name:

\_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip Code:

Contact Person Email Address:

Exp. Date:

The \_\_\_\_\_  
(INSERT NAME) Conference Presented  
by the VMC Foundation

**Payment Information**

[ ] Enclosed is a check for \$ \_\_\_\_\_

Please make checks payable to the VMC  
Foundation, c/o \_\_\_\_\_  
(INSERT NAME) Conference

Contact Person & Telephone Number:

Brief Description of Product or Service:

\_\_\_\_\_  
\_\_\_\_\_

The standard exhibit fee includes 1 full registration and the premium exhibit fee includes 2 full registrations for the conference. A badge will be issued to the following representative/registrants:

Name 1 (Exactly as it is to appear on the badge)

\_\_\_\_\_

Name 2 (Exactly as it is to appear on the badge)

\_\_\_\_\_

[ ] Charge my credit card for:

\$ \_\_\_\_\_

Card Type: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Billing Address:

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Card Number:

\_\_\_\_\_

**Terms and Conditions:**

1. Standard exhibit space includes: shared six-foot draped materials table in the sponsor atrium, opportunity to place materials on resource table if shared table is not desired, quarter page size advertisement in the conference program, and complimentary registration for one company representative.
2. Premium exhibitor fee includes: recognition in conference program, marketing materials and website, one six-foot draped materials table in the sponsor atrium, one half page advertisement in the conference program and a complimentary registration for two company representatives.
3. Space is limited, and will be reserved on a first-come, first-serve basis as payment is received.

**Questions?**

For exhibitor questions, please contact one of the below **VMC Foundation** Contacts:

Julie Ott, Director of Events – 408/282-2687  
Christina Salvatier, CFO – 408/282-0545

Mail completed forms to:  
VMC Foundation,  
Attn: Christina Salvatier, CFO  
2400 Moorpark Ave., Suite 207  
San Jose, CA 95128

Terms, Conditions and Purposes of Exhibiting at a CME Program

Title of CME Activity: \_\_\_\_\_

The above company wishes to exhibit or sponsor at this CME activity. An exhibit fee or sponsorship fee in the amount of \$\_\_\_\_\_ will be used to provide unrestricted support for the CME Activity.

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 any sales activity in the room where the educational activity is held.
3. Independence of VMC Foundation and CME planners in the use of Contributed Funds: No funds from the Exhibitor/Sponsor will be paid to the program director, faculty, or others involved with the CME activity. No funds from the Exhibitor or Sponsor will be used to reimburse or defray the costs of traveling, conference fees, or other expenses of any SCVMC employee or any non-faculty healthcare professionals attending continuing medical education activities.
4. The Exhibitor/Sponsor agrees to abide by all requirements of the ACCME *Standards for Commercial Support of Continuing Medical Education*, SCVMC VMC Policy # 154.02 regarding Standards for Commercial Support at SCVMC
5. VMC Foundation and the SCVMC designated CME course chair/planner of this activity will acknowledge educational support from the Exhibitor/Sponsor in program brochures, syllabi, and other course materials, and upon request, furnish the CME committee and commercial supporter a final accounting of the expenditure of the funds provided.

Company Representative (name): \_\_\_\_\_

Title: \_\_\_\_\_

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

VMC Foundation  
Chief Executive Officer or Designee (name): \_\_\_\_\_

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