

EXHIBITOR COMMITMENT/AGREEMENT FORM

CME Activity Title:	<i>Together We Make a Difference 2010: Solutions for Senior Care</i> Annual Conference of the Ohio Medical Directors Association		
Date(s):	October 29-30, 2010		
Location:	Embassy Suites Hotel Dublin, Ohio		

Company Name/Branch			
Contact Person			
Address			
City		State	Zip
Email Address		Phone	Fax

Exhibitors receive the following benefits:

- a) One six (6) foot table top exhibit
- b) Two complimentary registration(s) for representatives
- c) One (1) complimentary course syllabus
- d) Name listed in the syllabus

Representative name(s):

Name	Phone	Email
Name	Phone	Email

Exhibitor set up is scheduled from 3:00-5:00 p.m. on Friday, October 29 or on Saturday, October 30 at 6:30 a.m. Additional information will be provided as conference time nears.

Please check applicable box(s) below:

- Exhibit Fee \$1,000.00
- Our check payment is enclosed/credit card number appears below
- Our check is being forwarded on _____
(date)

Credit Card _____ Expiration Date _____

Our **table top** exhibit will will not require electrical power.

Please note: Representatives are responsible for their own charges (power hook up, shipping/receiving, and other applicable hotel fees). Ohio Medical Directors Association will provide exhibit table.

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CONDITIONS

Ohio Medical Directors Association agrees to provide exhibit space for the above-listed exhibitor for the course presented on the dates and location designated above. Ohio Medical Directors Association will acknowledge exhibitor support in course materials.

The exhibitor acknowledges that conducting marketing or promotional activities in any conference area except for their assigned exhibit space is prohibited. Commercial interests may not engage in sales, promotional activities, or distribute product-specific advertisements while in the designated location of the CME activity. CME activity space includes, but is not limited to, lecture halls, break out rooms, and laboratory areas.

Exhibitors and Ohio Medical Directors Association agree to abide by the ACCME Standards for Commercial Support of Continuing Medical Education and Ohio Medical Directors Association policies. Copies of these policies are available by request. Any actions that are not in accordance with the above stated policies may result in the removal of the exhibit company and its representatives from the conference site, in which case no refund of exhibit fees will be allowed.

AGREED BY AUTHORIZED REPRESENTATIVES

Exhibitor/Vendor

Signature:

Date:

Print Name:

Title:

Ohio Medical Directors Association Activity Representative

Signature:

Date:

Print Name: Jan Yonker, MSA
Title: Executive Director

Checks should be made payable to Ohio Medical Directors Association
Federal Tax ID #34-1706697

Payment and completed form should be mailed to:

Attn: Jan Yonker, MSA
Ohio Medical Directors Association
P.O. Box 823
Okemos, MI 48805

This signed agreement can also be scanned and emailed to Jan Yonker at ohiomda@gmail.com to reserve your space, and check mailed to address above. **However, please note that your participation is not confirmed until signed agreement and check are received.** Thank you.