



los angeles pediatric society
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EXHIBITOR LETTER OF 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: _____ E-mail: _____
5. On-site Contact Name (if different from above): _____
6. Phone: _____ E-mail: _____
7. LAPS agrees to provide a tabletop exhibit for this CME activity with the fee of **\$1500**. LAPS will include the name of your company in our advertising brochure for this meeting, if your commitment to exhibit is received before the brochure printing. LAPS will also list your company with a link on our website **for one year from meeting date**.

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: Neville Anderson, MD
9. Location: **Disneyland Hotel, 1150 Magic Way, Anaheim, CA 92802**
10. Exhibit Dates: **September 16-18, 2022**

Setup Time: Friday, September 16 from **10:30 a.m. to 4:30 p.m.**
We invite you to stay and join us for the LAPS
77th Brennemann Reception from **5:00 p.m. to 7:00 p.m.**

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.
- The exhibit fee represents fair market value and is the same as the fees charged to other exhibitors for similar promotional activities.
- 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 LAPS' 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.
- The placement of exhibit tables is at the sole discretion of LAPS.
- The **Exhibitor/Supporter** agrees to abide by all requirements of the ACCME *Standards for Integrity and Independence in Accredited Continuing Education* (copy supplied upon request).
- **LAPS** agrees to:
 - abide by the ACCME *Standards for Integrity and Independence in Accredited Continuing Education*;
 - acknowledge support from the Exhibitor in program brochures and on website;
 - 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 emails are acceptable. 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**.

Cancellation by LAPS - If the program is cancelled or converted from an in-person to a virtual program, **100% of the contracted exhibit will be returned**.

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, I agree to the conditions outlined in this Exhibitor Agreement

Authorized Representative of the Exhibitor

(Please Print)

Signature _____ Date _____

Phone: _____ E-mail: _____

PAYMENT: Your check for \$1500 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

These exhibitor forms are also available on our website: www.lapedsoc.org

NEED HELP? HAVE QUESTIONS? CONTACT:

