

EXHIBITOR AGREEMENT

Kettering Health Network (KHN) Program is an Ohio State Medical Association (OSMA) accredited provider of continuing medical education (CME). It is the CME Executive Group's (EG) policy to ensure balance, independence, objectivity and scientific rigor in all CME activities.

Commercial exhibits and advertisements are promotional activities, therefore, the monies are not considered to be "commercial support". Commercial exhibit or advertisements are displays, booths, etc. Commercial exhibits and advertisements cannot influence the planning team nor can they interfere with the learner's educational opportunity.

Statement of Purpose: The program is for scientific and educational purposes only and will not promote the company(s) products directly or indirectly. Exhibits and advertisements are promotional and will occur before or after CME activities and will not compete with nor take precedence over educational content.

Contributed Funds: All monies must be paid with the full knowledge and approve of the KHN CME EG. Exhibit placement must not influence planning or interfere with the presentation of activities. All funds must adhere to the ACCME Standards for Commercial Support.

***Checks should be made payable to: Kettering Health Network (Tax ID 31-0621866)**

***Please mail the check to the department responsible for planning the event:**

Sponsoring Department: _____

Attention Event Planner: _____

Address: _____

Development: Exhibitors cannot influence the planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities. The KHN CME Program EG is ultimately responsible for control and selection of planners, presenters and moderators.

Ancillary Promotion Activities: Advertisements and promotional materials may not be displayed or distributed in the educational space immediately before, during or after a CME activity. Exhibitor staff may attend an educational activity, but may not engage in sales activities while in the room where the activity takes place.

Acknowledgement: Exhibitors must be acknowledged as exhibitors, not commercial supporters.

Activity: _____

Date: _____

Location: _____

Company:	Amount of Fee:
Address:	City, State, Zip:
Representative Name:	Phone:
Email:	

The exhibitor and Kettering Health Network CME agree to abide by all requirements of the Accreditation Council for Continuing Medical Education Standards for Commercial Support of CME. Your signature below attests to the accuracy of the information you have provided above.

Representative Signature: _____

Kettering Health Network Representative Signature: _____