3535 Southern Boulevard
Kettering, OH 45429

Continuing Medical Education (CME)

EXHIBITOR AGREEMENT

Kettering Health 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. KH CME Program's EG ensures that education is separate from marketing.

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

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. Any educational materials (such as slides, handouts, etc. must not contain any marketing for an ineligible company (e.g. corporate logos, trade names). The KH 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 within 30 minutes before 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.
Contributed Funds: All monies must be paid with the full knowledge and approval of the KH CME EG. Exhibit placement must not influence planning or interfere with the presentation of activities.

Checks payable to: *Kettering Health Network* (Tax ID 31-0621866)	Online payments:
Sponsoring Department:	https://access.ketteringhealth.org/vendors-only/ARPayment/
Attention Event Planner:	*Include purpose of payment
Address:	*Include Cost Center: 725110-6020

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 CME agree to abide by all requirements of the Accreditation Council for Continuing Medical Education Standards for Management of Commercial Support *(Standard 4)* and Management of Ancillary Activities Offered in Conjunction with Accredited Continuing Education *(Standard 5)*.

Your signature below attests to the accuracy of the information you have provided above.

Representative Signature: _____

Kettering Health Representative Signature: _____