

EXHIBITOR AGREEMENT

Conditions and Purpose for an Exhibitor/Vendor

Title of CE Activity:	<i>Ophthalmology Update 2024</i>		
Course Number:	MOP25002	Course Dates:	<i>December 13 – 14, 2024</i>
Course Chair(s):	Julie Schallhorn, MD, MS Frank Brodie, MD		
Venue:	<i>UCSF Mission Bay Conference Center San Francisco, CA</i>		

Name of company as you would like it to appear in course materials:

Company (Company Name/Branch):

Contact
Person:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

The company listed above wishes to participate as an exhibitor for the above-named activity.

*Exhibitor fees are established in the amount of: **\$5000***

UCSF is solely responsible for the content and selection displayed by participant exhibitor(s)/vendors at all accredited continuing education activities. No promotional activities will be permitted in the same room as the educational activity. Exhibitor/Vendor agrees to comply with the AMA, ACCME, ACPE, CCRN, AAMC and PhRMA guidelines regarding seminars, meetings and other educational programs.

Exhibitors receive the following benefits:

- (1) 6' x 30" tabletop exhibit space at UCSF assigned location in exhibit hall
- Standard acknowledgment from the podium
- Acknowledgement in the course syllabus distributed to each registrant*
- (1) complimentary exhibitor attendees and (1) copy of the course syllabus

Companies are not to conduct marketing or promotional activities in any conference area except for their assigned exhibit space. The exhibitor agrees to abide by the *Standards for Integrity and Independence of Accredited Continuing Education*. UCSF agrees to (1) abide by the *Standards for Integrity and Independence of Accredited Continuing Education*; (2) acknowledge the exhibitor in program brochures, syllabi, and other course materials, and (3) upon request, furnish the exhibitor a report concerning the expenditure of the funds provided. Company logos are prohibited in any educational materials.

Indemnification: University shall defend, indemnify and hold Company, its officers, employees and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or third-party claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of University, its officers, employees, agents, guests and invitees. claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Company, its officers, employees, and agents.

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Company shall defend, indemnify and hold University, its officers, employees, agents, guests and invitees harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or third party claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Company, its officers, employees, and agents.

University will in no event be liable to Company or to any third party for any damage to persons or property resulting from any act or omission of any other vendor, contractor, or supplier providing services under this Agreement.

Display fees should be made payable to **"UC Regents."** Tax ID# 94-6036493.

Or [Pay By Credit Card](#)

Payment must be received by November 23, 2024

UCSF Office of CME, Box 0742
Attn: Gaelen Lombard
490 Illinois Street, Floor 7
San Francisco, CA 94143

AGREED:

Company Representative (name):	_____
Title:	_____
Signature:	Date:
UCSF - CME Representative (name):	<u>Gaelen Lombard – Conference Manager, UCSF CME</u>
Signature:	Date:

Exhibitor: Return completed Exhibitor Agreement with your company name, exhibitor fee, and authorized representative's name, contact information, and signature to:

UCSF Office of CME, Box 0742
Attn: Gaelen Lombard
490 Illinois Street, Floor 7
San Francisco, CA 94143

Email: Gaelen.Lombard@ucsf.edu