# EXHIBITOR AGREEMENT

Conditions and Purpose for an Exhibitor/Vendor

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| Title of CE Activity:  | **Ophthalmology Update 2021** |
| Course Number: | MOP22002 |  |  |
| Course Chair(s): | Julie Schallhorn, MD | Stephen D. McLeod, MD | Click or tap here to enter text. |
| Location: | VIRTUAL PROGRAM  | Date(s):       | December 3-4, 2021 |
| **Name of company as you would like it to appear in course materials:** |
|      Click or tap here to enter text. |
| Exhibitor (Company Name/Branch): | Click or tap here to enter text. |
| Contact Person: | Click or tap here to enter text. |  |
| Address: | Click or tap here to enter text. |  |
| City: | Click or tap here to enter text. | State: Click or tap here to enter text.      | Zip:    Click or tap here to enter text.   |
| Telephone:  | Click or tap here to enter text. | Fax:       |
| Email:  | Click or tap here to enter text. |  |  |
| The company listed above wishes to participate as an exhibitor for the above-named activity. Fees for exhibits are established in the amount of:Other professional opportunities may be described below. | **$**2,500 |

 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:

* Virtual exhibit space at UCSF assigned location in exhibit hall. Virtual Exhibit Hall is available for attendees interaction for 30 days post course.
* Standard acknowledgement from the podium
* Acknowledgement in the course syllabus distributed to each registrant\*
* (2) complimentary exhibitor virtual attendees and (1) copy of the electric 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.

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**.

Payment must be received by *11/20/2021*

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| **AGREED:** |
| Company Representative (name):  |  |  |
|  |  |  |  |
| Title:  |  |  |
|  |  |  |  |
| Signature:  |  | Date:       |  |
|  |  |  |  |
| UCSF - CME Representative (name):  |  |  |
|  |  |  |  |
| 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

Attn: Registration Office

490 Illinois Street, Floor 8

San Francisco, CA 94143

Phone: 415-476-6125

Fax: 415.476.0318

Email: jane.brooks@ucsf.edu