



Wayne State University School of Medicine Continuing Medical Education Exhibitor Agreement

Activity Title	
Location	
Date(s)	

Agreement between: Wayne State University School of Medicine (Accredited Provider) and:

Company Name (Exhibitor) (as it should appear on printed materials)	
Exhibit Contact (if different than exhibit rep)	
Names of the Representatives exhibiting: (attach list if needed)	
Phone Number:	
Email:	
Exhibit Amount (fee):	
In-Kind Amount (value)	

TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by ACCME’s Accreditation Criteria, the ACCME Standards for Commercial Support, and Wayne State University School of Medicine Continuing Medical Education Policies.
- As stated at www.accme.org: SCS 4.2: **Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the same space or place of the CME activity.**
- EXHIBITOR may only distribute educational promotional materials at their exhibit space. Distribution of non-educational items (pens, notepads, etc.), pharmaceuticals or product samples is prohibited.
- All exhibit fees associated with this activity will be given with the full knowledge of the PROVIDER. No additional payments, goods, services or events will be provided to the course director(s), planning committee members, faculty, joint provider, or any other party involved with the activity.
- Completion of this agreement represents a commitment and EXHIBITOR is obligated to provide full payment of all amounts due under this agreement by the ACTIVITY DATE unless otherwise agreed upon by the PROVIDER. PROVIDER reserves the right to refuse exhibit space to EXHIBITOR in the event of nonpayment or Code of Conduct violation.

By signing below, I agree to the “Terms and Conditions” outlined above in this Exhibitor Agreement (including the ACCME’s Accreditation Criteria, the ACCME Standards for Commercial Support, and Wayne State University School of Medicine Continuing Medical Education Policies):

Exhibitor Representative Name	Signature	Date
Wayne State University Representative Name	Signature	Date
WSU Department Phone:	Email:	