

VANDERBILT UNIVERSITY MEDICAL CENTER
Office Of Continuous Professional Development
Agreement to Exhibit- Non-CME

Both parties agree to abide by all requirements of the **ACCME's Accreditation Requirements**, the **ACCME Standards for Commercial Support**, and the **VUMC Conflict of Interest and Commitment Policy**. Specifically:

Exhibits will be allowed off campus only and should be educational in nature.

Educational materials that might be made available to course participants include information about new medical equipment and/or devices, clinical trials investigating drugs relevant to the topic of the course, and scientific efficacy studies. The materials should be free of company logos if possible. Special effects such as flashing lights and audio enhancements will not be permitted.

The distribution of drug and other samples is not permitted. Personal gifts from health care industry representatives, regardless of the nature or value of the gift, shall not be offered or made available to participants at educational activities provided by Vanderbilt; this includes, but is not limited to, pens, notepads, coffee mugs, key chains, and all other marketing items.

Distribution of items reportable under the Physician Payments Sunshine Act is strictly prohibited.

One representative per exhibit is encouraged, although there are circumstances when two or more representatives may be required. Exhibitors must have no interference with or influence on the educational activity. Exhibitors can attend educational activities as observers only and must refrain from speaking during any portion of the educational activity. Exhibitors' attire may not include company logos while in the education space. They must refrain from distributing any materials in the educational space or distributing anything else that is promotional in nature. Exhibit space at this activity has not and will not be given as a condition of commercial support. An exhibit fee is for purchase of space and shall be paid to the responsible organization, department, or division. Fees may be waived for non-profit, non-commercial exhibitors only.

Exhibitor hereby agrees _____ may use Exhibitor's contact information, name, and logo on VUMC's website and on any printed material or other medium in connection with _____ activity.

Title of Activity	_____
Date of Activity	_____
Location of Activity	_____

Information about the Exhibitor

Name of Company/Organization	_____
Exhibit Contact (Print Name)	_____
Mailing Address	_____
City/State/Zip code	_____
Telephone _____	Email _____
Signature _____	

Information about the Exhibit

_____	one 3x6 table with skirting
_____	electrical hook-up
_____	other: _____

Please return this completed form along with your check for the exhibit fee of \$ _____ made payable and sent to:

((Your organization/department/division))

((Your street address))

((Your city/state zip))