

Ascension St. John Hospital
Department of Continuing Medical Education
Agreement to Exhibit at a CME Activity

- Exhibitor agrees to abide by all requirements of the **ACCME’s Accreditation Criteria**, the **ACCME Standards for Integrity & Independence in Accredited Continuing Education**, and St. John Hospital **Continuing Medical Education Policies**. Specifically:
- Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support. Ascension St. John Hospital will be responsible for the identification, determination, and selection of needs, objectives, content, faculty, educational methods, evaluation, and audience and will ensure that the decisions are made free of the control of the exhibitor.
- All exhibitors must be in a room or area separate from the education; the exhibits must not interfere or in any way compete with the learning experience prior to, during, or immediately after the activity.
- Representatives of the company exhibiting may attend CME activities at the discretion of Ascension St. John Hospital for the direct purpose of the representatives’ own education; however, they may not engage in sales or marketing activities while in the space or place of the educational activity.
- Exhibit fees include registrations for up to two (2) representatives per company; additional representatives are required to pay the set registration fee.
- Information on the identity of learners at CME activities is considered to be the confidential property of Ascension St. John Hospital.
- Exhibit space at this CME activity has not and will not be given as a condition of commercial support. An exhibit fee is for rental of space and shall be paid to the sponsoring organization, department or division.

| | |
|---|-------|
| CME Activity Title | _____ |
| Date of Activity | _____ |
| Location | _____ |
| Exhibit Set-up Date & Time | _____ |

| Information about the Exhibit | | |
|-------------------------------|--------|-------|
| Exhibitor | Amount | Notes |
| | | |

Special Requests: **Electric** **Other:** _____

| Payment Information | |
|---|--|
| <input type="checkbox"/> Check – Payable to: Ascension St. John Hospital CME | <input type="checkbox"/> MasterCard Name on Card _____ <input type="checkbox"/> Visa Account # _____ <input type="checkbox"/> Discover Exp Date: _____ <input type="checkbox"/> AmEx Amount: \$ _____ |

| Information about the Exhibitor | |
|--|--|
| Company/Organization | _____ |
| Exhibit Contact (Print Name) | _____ |
| Mailing Address | _____ City/State/Zip code _____ |
| Telephone | _____ Email _____ |
| By signing this form I indicate that I have reviewed and will abide by the terms and conditions of this agreement. | |
| Signature _____ | |

Please return this completed form along with payment to:

Ascension St. John Hospital • Dept. of Medical Education • 19251 Mack Ave, Ste. 340 • Grosse Pointe Woods, MI 48236

Questions? Contact : Nancy DeRita • Nancy.DeRita@stjohn.org • 313-343-3877