



Title of Activity: 26th Annual Cardiology Primary Care Conference

Date of Activity: October 27 – 28, 2023

Location of Activity: Westin Buckhead Atlanta, 3391 Peachtree Road NE, Atlanta, GA 30326

Statement of Purpose:

Company agrees to purchase exhibit space in the amount of selected on the attached form to exhibit at the above-named Activity. This agreement is conditioned upon Company review and acknowledgement of the terms outlined below and emailing or faxing this signed acknowledgement to Shirley Miller, smill25@emory.edu; (fax) 404-727-5667 at least 30 days before the Activity date.

Promotional Activities:

1. The Exhibitor agrees to abide by the ACCME *Standards for Commercial Support of Continuing Medical Education*.
2. Arrangements for exhibits may neither influence planning nor interfere with the presentation of the educational Activity.
3. Exhibitors may promote their products only at designed times and in designated areas during the Activity.
4. Commercial/promotional materials may not be displayed nor distributed in the same room immediately before, during, or immediately after the Activity nor in any material disseminated as part of the program.
5. Representatives of commercial supporters and/or exhibitors may enter the educational session if they wish, but may not engage in sales activity in the room where the Activity is held.
6. As the accredited CME sponsor of this educational activity, Emory University School of Medicine requires all exhibitors to disclose through signage at exhibit booths, the FDA status of the medical devices or pharmaceuticals displayed. Further information on these rules and regulations may be obtained from the FDA.
7. Exhibit fees are payable to the Emory University School of Medicine (Tax ID #58-0566256) prior to the beginning of the Activity.
8. Emory University School of Medicine, not the exhibiting Company, has ultimate responsibility for planning, design, content and execution of the Activity.
9. The exhibit fee will be used solely for the purchase of exhibit space and the Company is not deemed an industry sponsor of the activity.
10. No part of any payment for an exhibit is conditioned in any way on the explicit or implicit requirement or expectation of the purchase or recommendation of exhibitor products.
11. Funds will be returned due to cancellation of program. If the Activity is rescheduled, Emory University School of Medicine may retain the funds to support the postponed Activity.

The Exhibitor hereby agrees to the terms and conditions above.

Exhibitor: _____

(Please Print)

By: _____ Date _____

Title of signatory: _____

Address: _____

Email: _____ Phone: _____

EXHIBIT REGISTRATION FORM

26th Annual Cardiology in Primary Care Conference
 The Westin Buckhead Atlanta, 3391 Peachtree Road NE, Atlanta, GA 30326
 October 27 – 28, 2023

General Information	Company Name	
	Contact Name	
	Address	
	Email	Phone#
	Representatives Attending Event (for Name Badges)	
	NAME	EMAIL
Electricity (Outlet) <input type="checkbox"/> Yes <input type="checkbox"/> No (Cannot be guaranteed)		
Additional Needs	Additional Needs (i.e. proximity to other exhibitors or special equipment)	
	Please note: Placement is reserved on a first come, first served basis. Please respond no later than September 1, 2023. Final details will be emailed to you by October 20, 2023	
General Exhibitor Fee	Payment <input type="checkbox"/> \$2,900 General Exhibitor Fee <ul style="list-style-type: none"> • Exhibitor Table (6ft) in Exhibitor Hall • 1 Representative Comp Registration into education session • Access to Breakfast and Lunch • Name on general signage (easel) (24 X 36) general meeting area 	
Product Theatre Presentation	Payment <input type="checkbox"/> \$2,900 (general exhibitor fee) plus \$2,000 = \$4,900 Product Theatre Presentation Fee \$2,000 NON-CME activity <input type="checkbox"/> Friday, October 27 th (7am/ 30 min.) <input type="checkbox"/> Saturday, October 28 th (7am/ 30 min.) <ul style="list-style-type: none"> • Exhibitor Table (6ft) Prime Spot in Exhibitor Hall • 3 Representative Comp Registration into education sessions • Access to Breakfast and Lunch • Name on general signage (easel) (24 X 36) general meeting area • Sponsor Logo Signage (easel) (24 X 36) for Product Theatre Room • Special invite sent to attendees and Emory faculty for Product Theatre • Name acknowledgement on rolling slides (during breaks): (1 st come, 1 st served) – Only three spots available.	

Payment Information	<input type="radio"/> Check Enclosed (made payable to Emory University – Tax ID # 58-0566256)
	<input type="radio"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <i>Preferred Option</i>
	Name on Card:
	Credit Card Number:
	Expiration Date:
	Signature:

Mail this form with check to
Attn: Shirley Miller, CME Program Coordinator
Emory University School of Medicine /Office of Continuing Medical Education
100 Woodruff Circle, NE, Suite 331 Atlanta, GA 30322
Fax: 404-727-5667 - Phone: 404-727-0467 – smill25@emory.edu