

Exhibitor Letter of Agreement

Carolinas HealthCare System/Charlotte AHEC Office of Continuing Medical Education

ACTIVITY INFORMATION

Activity Name:

Activity Date[s]:

Time[s]:

Venue [Address/ PO Box, City, ST, ZIP Code]:

EXHIBITOR FEE

EXHIBITOR COMPENSATION

- [1] table with [2] chairs
- No more than [2] reps at a table at a time.
- Acknowledgement to the participants of your support
- Exhibitors may attend the educational sessions for free when not exhibiting, if not requesting credit. If a company representative would like to receive continuing education credit for the sessions attended, there is a fee. See your Charlotte AHEC representative for more information.

EXHIBITOR INFORMATION

Company Name:

#1 Representative Name:

Phone:

Email:

#2 Representative Name:

Phone:

Email:

If nametags are provided, do you need one for each representative attending? NO YES

PAYMENT CONTACT

Person Responsible for Payment:

Company Address/PO Box, City, ST Zip Code:

Phone:

Email:

FORM OF PAYMENT

Credit Card: Payment should be processed at:

Check Payable to: Charlotte AHEC 5039 Airport Center Parkway, Building K, Charlotte, NC 28208 **OR** PO Box 32861, Charlotte, NC 28232-2861 ATTN

AGREEMENT

Charlotte AHEC does not endorse any commercial interest. The educational program is conducted for the benefit of the audience and Charlotte AHEC ensures the content provided to participants during the educational program is objective and balanced with evidence-based information. The distribution of drug and other product samples is not permitted. The final decision to permit exhibits, the type and other specific characteristics will be made by the course director and Charlotte AHEC. Exhibitors themselves are allowed inside the education hall, provided they do not solicit participants. Exhibitors must set-up their display materials outside of the education hall.

This letter of agreement is a binding contract. Charlotte AHEC reserves the right to forthwith cancel this agreement.

Type or sign your name below.

Signature:

Date:

Charlotte AHEC CME Signature:

Date: