



EXHIBIT AGREEMENT

Continuing Medical Education
Children's Hospital Los Angeles

Title of CME Activity: 55th Clinical Conference in Pediatric Anesthesiology

Location of CME Activity: Disneyland Hotel® - Anaheim, California

Company Name: _____

Company Address: _____

Local Rep's Name: _____

PHONE: () _____ Cell Office **Email:** _____

Dates of Activity: February 10-12, 2017

Exhibit Fee (\$): _____

Exhibit Fee due date: January 30, 2017

CME Coordinator: Rosie Zesati, MAM

The Children's Hospital Los Angeles Executive Continuing Medical Education Committee (CHLA ECMEC) is the designated entity responsible for managing the conduct of all activities associated with independent Continuing Medical Education activities accredited through the University of Virginia School of Medicine. CHLA ECMEC is responsible for ensuring that all such educational programs are designed to provide education based on the most current science and to serve the educational needs of physicians and healthcare professionals. In addition, CHLA ECMEC is responsible for ensuring that all such educational programs are developed without the influence of commercial interests in compliance with the ACCME Standards of Commercial Support.

In an effort to provide physicians and other healthcare professionals with access to information about currently available therapies, equipment and tools, the CHLA ECMEC may elect to provide opportunities for exhibit tables to commercial entities (each a "Company") at its directly sponsored CME activities.

By signing below, the Company agrees to the following terms and conditions for exhibits at the CHLA CCMEC-accredited educational program entitled **55th Clinical Conference in Pediatric Anesthesiology** to be held at the **Disneyland Hotel in Anaheim, California**:

- 1) The Company's exhibit is considered an "associated commercial promotion" and not part of the educational agenda/activity. As an associated commercial promotion, the exhibit is subject to Standard #4 of the ACCME Standards of Commercial Support and related policies.

- 2) Permission to set up an exhibit table and the fees charged therefore ("Exhibit Fee") are established / managed by the CHLA ECMEC (and its representatives) and are not contingent upon, nor related to, the receipt of grants for the educational program. The Exhibit Fee represents fair market value and is the same as the fees charged to other exhibitors for similar promotional activities.
- 3) The placement of exhibit booths/tables is at the sole discretion of the CHLA ECMEC.
- 4) All promotional activities must be conducted within the Company's assigned booth/table space, and shall not be conducted so as to interfere in any way with the educational activity.
- 5) No Company non-educational printed materials, souvenirs, or other promotional articles (including pens, paper, coffee cups, and any other items bearing Company trademarks or referencing Company products or services) may be distributed at the Company's assigned booth/table space, or in the registration area, common areas, or meeting rooms. Educational items (demonstration or scientific information) designed for patients or healthcare professionals are acceptable, but must be valued less than \$25 and have no value to the professional outside of his or her professional responsibilities. Any items that could be considered product giveaways are not allowed.
- 6) The Company's personnel must arrange its exhibit such that aisle space is kept clear to permit the smooth flow of traffic.
- 7) The CHLA ECMEC and its representatives reserve the right to prohibit the distribution of items it deems objectionable or otherwise inappropriate.
- 8) Exhibit reservations may be cancelled if written notification is received by the OCME or its joint sponsors and Affiliates at least 10 working days prior to the first day of the educational program/ event. In the event of a cancellation, the Exhibit Fee less a \$100 handling charge will be refunded.
- 9) There will be no refunds of Exhibit Fees for cancellations that are received less than 10 working days prior to the start of the educational program event.
- 10) Neither CHLA ECMEC or any of their officers, agents, employees, affiliates or other representatives shall be held liable for, and they are hereby released from liability for, any damage, loss, harm or injury to the person or property of the Company or any of its officers, agents, employees or other representatives, resulting from theft, fire, water, accident or any other cause. The Company shall also indemnify and hold harmless CHLA ECMEC and its representatives from demands, suits, liability, damages, loss, costs, attorneys' fees and expenses of whatever kind of nature, including but not limited to, claims of damage or loss resulting from the breach of these terms, conditions and rules, claims of property or personal injury caused by or attributable in whole or in part to any action or failure to act whether by negligence or otherwise, on the part of the Company or any of its officers, agents, employees or other representatives.
- 11) Company represents and warrants that all of its promotional activities undertaken hereunder will comply with all applicable federal, state and local laws, rules and regulations.
- 12) The Company will not use the name of the Children's Hospital Los Angeles or ECMEC, or the names of any of their employees or agents without prior written permission.
- 13) This Agreement states the entire agreement and understanding of the parties with respect to the subject matter set forth herein, and supersedes all prior oral and written agreements relating thereto.
- 14) This Agreement shall be governed in all respects by the laws of the State of California



We Treat Kids Better

Accepted and Agreed:

By: _____

Name/Title: _____

Date: _____

Company Name: _____

Telephone: _____ Fax: _____ Email: _____

*Please reference the name of the educational activity when making payments.
55th Clinical Conference in Pediatric Anesthesiology*

check enclosed check forthcoming VISA M/C

Name on card: _____

Card Number: _____

Billing Address of Card: _____

Expiration Date: _____

****Please make checks payable to Pediatric Anesthesia Foundation**

Mail to the attention of the CME Coordinator at:

Rosie Zesati
4650 Sunset Blvd. MS #3
Los Angeles, CA 90027