

Exhibitor Agreement

The Thirteenth Penn Inflammatory Bowel Disease Symposium

Saturday, March 11, 2023

(Please Keep a Copy of This Agreement for Your Records)

Company Name: _____ ("Exhibitor")

(As acknowledged in course materials)

Virtual Exhibit Hall Fee: \$1,500.00 per Virtual Ad

_____ **Ad(s) @ \$1,500.00**

Virtual Exhibit Hours:

Saturday, March 11, 2023, from 7:45 am – 5:00 pm EST

Please visit: <https://upenn.cloud-cme.com/IBD2023> for more information on this conference, including the full brochure.

VIRTUAL EXHIBIT HALL:

The Virtual Exhibit Hall is designed to give attendees the opportunity to reach exhibitors in a virtual setting during and after the conference. Ads will be displayed in a separate virtual setting with links to your company and/or representative information. Exhibitors will also be acknowledged during the welcome address by the course director as well as in the virtual handout the audience receives. Representatives may also register to attend ***The 13th Penn Inflammatory Bowel Disease Symposium***.

Once you return your completed agreement, you will receive a link to upload a 2-3-minute video, ad or slides that highlight any product or service you would like to promote. Videos should be encoded as H.264 with a resolution of 1920 x 1080. Be sure to include a URL to your company or product page as well as contact information for the local representative the attendees can reach out to for further information.

If interested, return this completed agreement with **contact name, phone and email included** below no later than **Friday, February 10, 2023**, to secure your spot. Ads must be submitted no later than **Friday, February 17, 2023**.

Virtual Exhibit Contact:

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

Table and Virtual Ad Payment Methods (check the one that applies):

Check

Make your check payable to the **Trustees of the University of Pennsylvania/CME** and return it with the completed exhibit agreement to the address below (Our Tax ID number is 23-1352685):

Crystal Mathis
Office of Continuing Medical & Interprofessional Education at Penn Medicine
3400 Civic Center Blvd, Smilow/SPE, Bldg. 421/6th Floor, JMEC/CME,
Philadelphia, PA 19104

Credit Card (**DO NOT INCLUDE CREDIT CARD INFORMATION ON THIS FORM**)

Wire Transfer

If paying by Credit Card, you may fax or email this completed form.

Fax: 215-573-3663 or Email: ycry@upenn.edu

You will then be contacted by Crystal Mathis to complete the transaction.

Contact Person: _____

Phone: _____

E-Mail: _____

Questions: [Elizabeth Butler](#): 215-898-6126 or [Crystal Mathis](#) or 215-746-8133

Terms & Conditions

Educational activities in the exhibit area which appear to compete with the scientific program and present research results that are being presented concurrently in the scientific program are prohibited. This includes, but is not limited to, displaying posters or other promotional materials summarizing research results, promoting meeting faculty, or distributing meeting materials such as syllabi, handouts, slides, or invitations.

The only activities which may be appropriate in exhibits are for the purpose of informing meeting participants about an organization and its products and services.

The distribution (either for free or for sale) of educational enduring materials on-site that award CME credit, including but not limited to full-text reprints or copies of articles or journal self-study programs, audiotapes, videotapes, or CD ROMs, is prohibited.

Exhibitor assumes entire responsibility for all claims, losses, costs, expenses, and damages to persons or property, as well as governmental charges or fines and attorney's fees arising out of or caused by Exhibitor's installation, removal, maintenance, occupancy, or use of the exhibition premises or a part thereof.

In addition, Exhibitor does not hold the meeting venue or the University of Pennsylvania responsible for maintaining insurance to cover Exhibitor's property.

By signing below, you agree to the terms and conditions of this agreement.

Authorized Exhibitor Representative

Date